

O.R. ACTION PLAN

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## OPERATIONAL REVIEW ACTION PLAN

ATTORNEYS EYES ONLY

ED-02.92  
Form L

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 1.05FHutchinsI Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

Reviewed phase II section on TNG-100s and they had not been signed by the Warden

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Upon completion of the TNG 100s the FTO will ensure that the Warden signs Phase II section.	Lisa Roberts FTO	October 12, 2011	October 12, 2011
This will be monitored by Lt. Hale which is the supervisor of the FTO.	Lt. Delia Hale	October 12, 2011	October 12, 2011
This will be monitored for the next 30 days to ensure compliance by Sgt. Stilwell.	Lt. Delia Hale	October 12, 2011	October 12, 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

3 Jeff Pringle 11-2-11  
(Signature/Date)

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☐ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: \_\_\_\_\_

d. \_\_\_\_\_

Reviewing Authority (Print Name / Title)

(Signature/Date)

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date): \_\_\_\_\_

b. \_\_\_\_\_

Reviewing Authority (Print Name / Title)

(Signature/Date)

11/06

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## OPERATIONAL REVIEW ACTION PLAN

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Checklist # 1.05G

Hutchins

I Init

**Finding** (Describe the finding as it is stated in the follow-up report):

Completed TNG-100s are not being forwarded to the Human Resources department for filing.

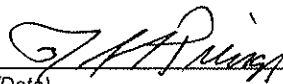
## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Upon completion of the TNG 100s the FTO will ensure that they are forwarded to the Human Resources department for filing.	Lisa Roberts FTO	October 12, 2011	October 12, 2011
This will be monitored by Lt. Hale which is the supervisor of the FTO.	Lt. Delia Hale	October 12, 2011	October 12, 2011
This will be monitored for the next 30 days to ensure compliance by Sgt. Stilwell.	Lt. Delia Hale	October 12, 2011	October 12, 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

 11-7-11  
(Signature/Date)

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

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## OPERATIONAL REVIEW ACTION PLAN

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Checklist # 2.02

Hutchins

I Init

**Finding** (Describe the finding as it is stated in the follow-up report):

Employees who returned from FMLA status have not yet attended In-Service, enrolled in first class available.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Training staff will ensure that any employee that has not been to In-Service will be scheduled for the first class available.	Sgt. Carmen Carpenter Training Department	October 12, 2011	October 12, 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

3 Jeff Pringle 11-7-11

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

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Checklist # 1.02C

Hutchins

Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

Several shift rosters are missing for all shifts.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
An Email was sent to all shifts acknowledging the missing rosters and instruction to submit to Human Resources.	All Shift Supervisors	October 28, 2011	October 28, 2011
Lieutenants are responsible for ensuring all Shift Roster's are turned-in to Human Resources within a timely manner. Shift Roster's will be submitted to Human Resources at the end of each shift.	Shift Lieutenants	October 28, 2011	October 28, 2011
This procedure will be closely monitored for the next 30 days.	Captain Tedral Towery	October 28, 2011	October 28, 2011

JEFF PRINCIPLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

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b. Comments:

d. Reviewing Authority (Print Name / Title)

(Signature/Date)

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(Signature/Date)

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## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

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## OPERATIONAL REVIEW ACTION PLAN

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Checklist # 9.05F

Hutchins

I Init

**Finding** (Describe the finding as it is stated in the follow-up report):

I inspected the previous 15 days of chemical agent issuance logs and 1 of them the weight wasn't documented before and after each use. Documentation wasn't completed by the appropriate supervisor on several other chemical agent issuance logs.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

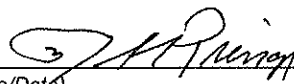
**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
All shift supervisors who issue the chemical agents will ensure that all documentation is completed.	Major Terry May	September 19, 2011	September 19, 2011
The Shift Lieutenants will ensure that this is being adhered to.	Shift Lieutenants	September 19, 2011	September 19, 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

 11-7-11

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Checklist # 9.06D

Hutchins

Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

Upon inspection of the areas where video cameras and still cameras are kept, it was found that no media storage supply is readily available.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Memory Storage/CD's will be issued to the appropriate supervisors for media storage.	Major Terry May	October 19, 2011	October 19, 2011
This will be monitored for the next 30 days to ensure compliance by Operational Review Sgt. Jason Stilwell	Major Terry May	October 19, 2011	October 19, 2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

 11-2-11

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

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Checklist # 8.32B

Hutchins

Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

For Offenders who scored 70 or below on the Beta Intelligence Test, the secondary test results are not being provided by the Unit Psychologist and entered on the IQ screen. 5 of the 20 checked did not have the secondary score entered as A or B.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The Intake Coordinator and Intake Diagnostic Testers will follow up by Email and IOC to the Unit Psychologists whenever secondary test results are not received in a timely manner. The Intake Coordinator will communicate with Unit Administrator if no results are received from Medical after the follow up request.	Mrs. Nina Delany and Mr. David Richardson	August 22, 2011	

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

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Checklist # 8.34

Hutchins

Init

**Finding** (Describe the finding as it is stated in the follow-up report):

Tarrant County chain received on 07-28-2011, no TCUDS was entered as of 8-16-2011.

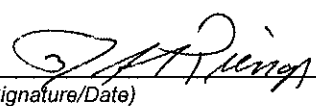
## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The Intake Coordinator and Intake Diagnostic Testers will communicate by Email the completion of test results entered. An IOC with written explanation of any not entered within guideline to the Unit Administrator will be sent.	Mrs. Nina Delany and Mr. David Richardson.	August 22, 2011	

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

  
(Signature/Date)

11-2-11

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

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Checklist # 1.05

Hutchins

I Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

Attendance was not maintained at the required rate established by WSD of 92%

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

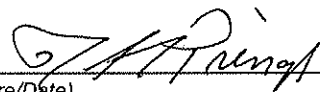
**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Principal is maintaining a monthly Lost Contact Hours Log. Principal will meet with the Warden once a week to report lost contact hours for the week. The principal is tracking attendance daily and report this information to the Warden in the weekly meeting. Windham turn-out sheets are being used. The principal and Major May have implemented a process by which the Windham turn-out sheet will be distributed to the buildings. The principal will inform the Warden, Assistant Warden and Major on a daily basis of any problems encountered with turn-outs.	Mrs. Penny Hague	4/5/2011	10/14/2011

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

 11-7-11

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

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Reviewing Authority (Print Name / Title)

APPENDIX 0989

McCOLLUM 07262

O.R. ACTION PLAN

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

## OPERATIONAL REVIEW ACTION PLAN

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Checklist # 1.12

Hutchins

Init

**Finding** (Describe the finding as it is stated in the follow-up report):

Interview of Principal Clayton revealed no schedule used. UCC held in the educational building.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Principal Penny Hague will continue to communicate with Assistant Warden B. Polk and Major to establish a schedule.	Principal Penny Hague	August 19, 2011	October 14, 2011
UCC is no longer being held in the education building.	Principal Penny Hague	October 14, 2011	October 14, 2011

JEFF PRINCLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

3/11/11 11-7-11

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Checklist # 1.20A

Hutchins

Init

**Finding** (Describe the finding as it is stated in the follow-up report):

Offenders arriving July 29, 2011 were not being tested with timeframe's. Offenders Almes#1724363, Arellano#1724364, Blount#1724366, Carillo#1724370.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

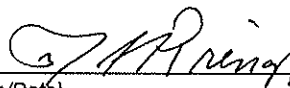
**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Education department was not able to achieve timeframe due to the Intake Department not processing Offenders within guidelines. This will be a finding until the Intake Department operates within timeframes.	Principal Hague	August 19, 2011	
Principal Hague will continue to meet with and inform Warden Jeff Pringle.	Principal Hague	August 19, 2011	

JEFF PRINGLE, WARDEN

Senior Warden (Print Name)

(Signature/Date)

 11-7-11

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**ATTORNEYS EYES ONLY**

Attachment B

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
**INTER-OFFICE COMMUNICATION**

**TO:** *Tim Ault*  
Monitoring and Standards

**FROM:** *Jason Stilwell*  
Operational Review Sergeant  
HJ (Unit)

**DATE:** *April 30, 2012*

**SUBJECT:** Unit-Level Operational Review  
Sergeant's Reports for  
*April, 2012*

RECEIVED  
2012  
REGION 2  
DIRECTOR

RECEIVED  
MAY 10 2012  
BY:

Attached are unit-level reviews conducted for the following functional areas:

**REVIEWS SCHEDULED:**

*Environmental Branch*  
*Maintenance*  
*Manufacturing and Logistics*  
*Offender Grievance*  
*Risk Management*

**COMPLETED:**

*April 9, 19, 2012*  
*April 10-11, 18, 2012*  
*April 6, 2012*  
*April 23, 2012*  
*April 26-27, 2012*

**ELECTIVE – OUTSTANDING ACTION PLANS REVIEWED:****COMPLETED:**

*Checklist #8.05H (B) Risk Management*  
*Checklist #8.07H Risk Management*  
*Checklist #4.01 Business and Finance*  
*Checklist #1.10 Classification*

*April 26, 2012*  
*April 26, 2012*  
*Incomplete*  
*March 8, 2012*

**COORDINATION:**

• Warden:

**JEFF PRINGLE, WARDEN**

(Print Name)

(Signature/Date)

*3/Pringle 4-30-12*





Comment: Environmental Branch:

Corrective Action: 8.03H-Inspected eyewash stations throughout the facility: Laundry department's eyewash station was INOP on 4/9/12. The eyewash station in Laundry had been repaired as of 4/18/12.

Comment: Maintenance:

Corrective Action: 15.02-Reviewed "Parts Order and Receive" documentation, several items purchased had not been brought into inventory. (W.O. #1804-1839, #2531). The Maintenance Supervisor will ensure when items are purchased they are brought into inventory in a timely manner per policy. The items identified in the checklist will be brought into inventory ASAP. This will be monitored to ensure completion in a timely manner by Operational Review Sgt. Jason Stilwell.

Corrective Action: 16.02-Reviewed YWOL's on each department listed, Housing areas A1-F YWOL-last documentation noted was from 3/29/12. The AD-1020 officer will ensure that the YWOL's are documented per policy. The Maintenance Supervisor shall ensure that AD-10.20 officer is completing this task weekly. This will be monitored to ensure completion in a timely manner by Operational Review Sgt. Jason Stilwell.

Comment: Risk Management

Corrective Action: 8.02H (A)-Reviewed documentation on weekly inspections, several shifts/departments missed consecutively: (February 2012-2<sup>nd</sup> shift, 3<sup>rd</sup> shift, G Building-no weekly's, March 2012-3<sup>rd</sup> shift, G Building-no weekly's). The Unit Risk Manager will communicate with the Unit Administration concerning weekly safety inspections and ensure the documents are completed. This will be monitored for completion by Operational Review Sgt. Jason Stilwell.

Corrective Action: 8.04H (A)-Reviewed the Major Emergency Response plan, both books reviewed-Tab J was incomplete. The Unit Risk Manager will ensure Tab J is completed and placed in the Major Emergency Response Plan in the Warden's Conference Room. This will be monitored for completion by Operational Review Sgt. Jason Stilwell.

Comments:

Justification for Late Submission:

• Regional Director:

Jay Esson  
(Print Name)

RE 05-08-2012  
(Signature/Date)

Comments:

Justification for Late Submission:

Attachments: (O.R. Sergeant's Reports and completed checklists, attached in the same order as listed above.)

Copy: Unit File

**OPERATIONAL REVIEW SERGEANT'S REPORT**

Unit: Hutchins State Jail Review Conducted: April 9, 19, 2012  
 (Month/Day/Year)

Functional Area Reviewed: Environmental Branch

Manual Chapter and Section Reference: Chapter III sections 1-9

Total 'Applicable' Checklist Questions: 19 (9 High + 10 Other)

**• INTRODUCTION:**

For this audit I verified that all Hazardous, Non-hazardous, and Universal Waste Collection containers are kept closed except when in use, all are labeled or color-coded and storage area is free of spills. I inspected the Chemical/Paint rooms at the Maintenance Department and ensured all containers have a log for each, I ensured that sawdust is utilized to clean up spills. I reviewed documentation of the Uniform Hazardous Waste manifests for the past three years and they were compliant. I inspected the area where food waste is disposed of, it was organized and clean. I interviewed Mr. Jerry Pugh-Maintenance Supervisor concerning procedures for dumping and he verified that the dumpster outside the back gate is used. Mr. Pugh also verified that quarterly recycling is conducted for aluminum, and cardboard. I inspected the bar screen area and ensured that cleaning protocol is being followed. I interviewed Mr. Bobby Brock-Plumber tech and ensured that he possesses the TCEQ certification and it is also on file in the Maintenance Department. I inspected the Work Area Notebook's in Maintenance, Laundry, Kitchen, and Unit Supply and all contained the appropriate information. I reviewed the Record of Training for work area personnel that documents both general and site-specific training. I ensured all refrigerant is secure and removed or placed into the cage when appropriate. All recovery cylinders have been tested within five years-date stamped December 2010. I ensured that Mr. Julius Baker-HVAC tech possesses the required EPA certifications and they are on file in the Maintenance Department. All cylinders are numbered appropriately, the Usage Log's are being utilized and copies or work order's attached. I verified that the RS-250 and RS-251 reports are being utilized and have the required information and signatures.

**• FINDING(S)**

**ATTORNEYS EYES ONLY**SM-01.25  
Attachment A

<b>Finding 1-8.03H</b>				
<i>Inspected eyewash stations throughout the facility: Laundry department's eyewash station was INOP on 4/9/12.</i>				
<b>ACTION STEPS</b> <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>		<b>PERSON/DEPT. HEAD RESPONSIBLE</b>	<b>TARGET DATE</b>	<b>DATE COMPLETED</b>
1.	The Eyewash station in Laundry had been repaired as of 4/18/12.	LMIV Andrew Pendleton	May 9, 2012	April 18, 2012 ✓
2.				
3.				

### OPERATIONAL REVIEW SERGEANT'S REPORT (cont.)

- SUMMARY:** The Hutchins Unit is doing a good job and remains in compliance with the Environmental Branch section. All departments and department heads were knowledgeable concerning these procedures.
- OPERATIONAL REVIEW SERGEANT:**

Sgt. Jason Stilwell \_\_\_\_\_  
(Print Name)

 4/20/12  
(Signature/Date)

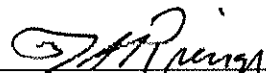
**Justification for Late Submission by Operational Review Sergeant:** \_\_\_\_\_

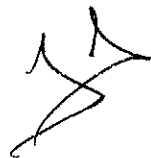
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\_\_\_\_\_

- WARDEN:**

JEFF PRINGLE, WARDEN  
\_\_\_\_\_  
(Print Name)

 4-30-18  
(Signature/Date)



Attachment: Completed checklist(s)  
Copy: File  
Unit-level Department Head

UNIT: Hutchins

DATE: April 9, 19, 2012

INSPECTOR: Sgt. Jason Stilwell

### III. FACILITIES (Environmental Branch)

#### 9. MANAGEMENT OF REFRIGERANT

- 9.01H Is refrigerant stored in a secure area preventing access by unauthorized personnel?  
(40 CFR Part 82 Subpart F) (EA-05.06) ☒ YES NO NA

COMMENT: Ensured that all refrigerant is secure and removed or placed when appropriate

METHODOLOGY: *Assure that refrigerant is under lock and key. Note: offenders are allowed to remove refrigerants from under lock and key but not to put into or take from a closed refrigeration systems unless certified.*

- 9.02H Are all non-disposable recovery cylinders hydrostatically tested every five years?  
(40 CFR Part 82 Subpart F) ☒ YES NO NA

COMMENT: All recovery cylinders have been tested within five years date stamped December 2010.

METHODOLOGY: *The retest date will be stamped on the neck of the Cylinder.*

- 9.03H Do all staff and offender technicians who perform work on HVAC sealed systems possess the require Environmental Protection Agency (EPA) certification?  
(40 CFR Part 82 Subpart F) ☒ YES NO NA

COMMENT: Mr. Julius Baker - HVAC tech possesses the required EPA certifications and there on file in the Maintenance Department.

METHODOLOGY: *Ask to see certifications of those who handle refrigerant.*

- 9.04 For each disposable refrigerant cylinder issued to working stock:  
(40 CFR Part 82 Subpart F)

- A. Is it numbered as prescribed and the number marked on the cylinder? ☒ YES NO N/A  
B. Is there a separate Refrigerant Usage Log for each cylinder? ☒ YES NO N/A  
C. Are copies of work orders on which the refrigerant was used attached to the logs? ☒ YES NO N/A  
Note: WSD does not use Work Orders.  
D. Are Refrigerant Usage Logs being retained for five years? ☒ YES NO N/A

COMMENT: All cylinders are numbered appropriately, the Usage Log's are being utilized and copies of work order's attached. The Logs are retained appropriately.

METHODOLOGY: *A.-D. Each disposable cylinder is required to be numbered with the: Year, # of Cylinder for the particular Refrigerant and the Type of Refrigerant i.e. 10-03-R22. There must be a Refrigerant Usage Log for each cylinder.*



### III. FACILITIES (Environmental Branch)

#### 1. OUTDOOR AIR QUALITY

- 1.01 Is the local fire department, law enforcement, fire marshal or the Texas Commission on Environmental Quality (TCEQ) Regional Office notified prior to any outdoor burning operation or fire training conducted at a unit/facility?  
(30 TAC 111.B) (EA- 07.03) YES NO NA

COMMENTS: No outdoor burning operations

METHODOLOGY: Verify that records of notification are kept indicating appropriate approvals or permits are received for conducting burn operations.

- 1.02 If the unit has one or more of the following types of operation, is there an applicable Permit/Exemption on file for:  
(30 TAC 106.231, 106.373, 106.477, 106.418, 106.433, 106.436, 106.452, 106.491, 111.121, 111.129)

- |   |     |    |           |
|---|-----|----|-----------|
| A. Grain drying or storage facilities?                            | YES | NO | <u>NA</u> |
| B. Dry abrasive cleaning (sandblasting) operations?               | YES | NO | <u>NA</u> |
| C. Anhydrous ammonia refrigeration systems or storage facilities? | YES | NO | <u>NA</u> |
| D. Single, dual and or multiple-chamber incinerators?             | YES | NO | <u>NA</u> |

COMMENTS: State-Jail Facility

METHODOLOGY: A-E. Verify status of registrations, exemptions, approvals or permits received for these activities.

- 1.03 If the unit has one or more of the following types of operation, is it registered with the TCEQ and is there an applicable Permit/Exemption on file for:  
(30 TAC 106.231, 106.373, 106.477, 106.418, 106.433, 106.436, 106.452, 106.491, 111.121, 111.129)

- |   |     |    |           |
|---|-----|----|-----------|
| A. Surface coating or stripping operations for metal or wood products (excluding vehicle repair and refinishing)?   | YES | NO | <u>NA</u> |
| B. Manufacturing, refinishing and/or restoration of wood products?  | YES | NO | <u>NA</u> |
| C. Printing operations (i.e., screen printers, ink-jet printers, presses using electron beam or ultraviolet light curing and labeling operations) and support equipment (i.e., corona treaters, curing lamps) and preparation/cleaning equipment? | YES | NO | <u>NA</u> |
| D. Auto body repair and refinishing operations?   | YES | NO | <u>NA</u> |

COMMENTS: State-Jail Facility

METHODOLOGY: A-C. Confirm that applicable operations have a copy of their Permit by Rule or exemption on site. Make sure records of emission calculations for the past 12 months are kept on site.

ATTORNEYS EYES ONLY

UNIT: HutchinsDATE: April 9, 19, 2012 INSPECTOR: Sgt. Jason Shilwell

## III. FACILITIES (Environmental Branch)

## 2. FUEL DEPOTS

*NOTE: This checklist will also be used to evaluate any Fuel Depots operated by Offender Transportation.*

2.01 In regards to the fuel depots:

(40 CFR 112.7, 112.9, 112.12; 30 TAC §106.8; NFPA 30A)  
(EA-07.05 & EA-07.07)

- |     |   |     |    |           |
|-----|---|-----|----|-----------|
| A.  | Is the berm around fuel depots in good condition with no signs of erosion, damage, and impermeable to the materials being stored?                           | YES | NO | <u>NA</u> |
| B.  | Is the soil at the fuel depot free from any sign of contamination that could be a result of leaks, overfilling, etc.?                                       | YES | NO | <u>NA</u> |
| C.  | Is the Texas Commission on Environmental Quality (TCEQ) Notice of Storage Tank Registration displayed or available for inspection?                          | YES | NO | <u>NA</u> |
| D.  | If uncontaminated rainwater is drained from the berm, is the drain line capped or control valve closed when not in use?                                     | YES | NO | <u>NA</u> |
| *E. | Is the spacing between tanks 1/6 the sum of the adjacent tank diameters but not less than three feet apart?   | YES | NO | <u>NA</u> |
| *F. | Is the depot dispensing device equipped with Emergency Shut-Offs?   | YES | NO | <u>NA</u> |
| *G. | Is a 20-lb fire extinguisher (or 2 10-lb. fire extinguishers) with a minimum 40B: C rating located 20 -100 feet of each pump and storage tank fill opening? | YES | NO | <u>NA</u> |

COMMENTS: No Fuel Depots

**METHODOLOGY:** Inspect the area. *A.* It requires a simple judgment as to the structural integrity of the berms or dikes encompassing the fuel tank area. The containment area surrounding the tank should hold 110% of the contents of the largest tank plus freeboard for precipitation. *B.* Spills outside the berm/dike are prohibited and must be reported if they are 25 gallons or greater of a petroleum product. Spills inside the berm are permissible but must be cleaned up as soon as possible. *C.* Review required certificates. Registration is required at sites where an above ground petroleum storage tank has a capacity of 1100 gallons or more. *D.* Check the drainage system of the berm to ensure it prevents uncontrolled runoff.

**\* NOTE:** Items E, F, & G. only apply to fuel depots constructed, replaced, or upgraded after January 1, 2000. Those fuel depots currently include: Byrd, Central, Eastham, Lewis, Neal, Robertson, Torres, Wynne and Stiles. *E.* Check the spacing between the tanks within the berm to ensure there is a minimum of three feet between them; measure between widest point of the tank diameters. *F.* There should be an emergency shut-off control. Emergency shut-offs for the dispensing pump should not be less than 20 feet or more than 100 feet from the pump for fuel depots constructed, replaced, or upgraded after January 1, 2000. *G.* Inspect fire extinguishers.

ATTORNEYS EYES ONLY  
Operational ReviewUNIT: Hutchins DATE: April 9, 19, 2012 INSPECTOR: Sgt. Jason Shilwell

## III. FACILITIES (Environmental Branch)

## 3. Hazardous, Non-Hazardous, and Universal Waste

*NOTE: This checklist will also be used to evaluate any waste related activities operated by Offender Transportation..*

## 3.01H In regards to waste collection containers: (EA-02.03, EA-02.04)

- A. Are all containers in the waste accumulation area properly closed, except when necessary to add or remove waste? YES NO NA
- B. Does the container label properly identify the type of waste as "Hazardous Waste, Universal Waste or Non-Hazardous Waste"? YES NO NA
- C. Does the container label include the specific identity of waste (Used Antifreeze, Used Oil, Used Oil Filters, Paint Waste, Pesticides, Thermostats, or Hazardous Waste identified in 40 CFR 261.3)? YES NO NA
- D. Are all areas free from leakage or spills? YES NO NA

COMMENTS: Verified that all containers are closed except when in use, all containers are labeled or color-coded and are free of spills.

*METHODOLOGY: A. Verify there are no open containers. Drums will be bunged, cans will be lidded, open top drums will be lidded in some fashion. No funnels should be left in hungs, etc., unless they are draining. Immediately after draining remove funnel and close container. B. & C. Inspect containers for proper labeling to include type of waste and specific identity of waste. This information should be painted, stenciled or otherwise marked on each container. D. Inspect the area for signs of leaks or spills.*

## 3.02H Is there a Non-Hazardous, Universal, and Hazardous Waste Container Accumulation, Storage, and Disposal Log being filled out for each container of waste? (EA-02.04)

YES NO NACOMMENTS: Inspected Chemical/Paint rooms at the Maintenance Dept. all containers have logs for each.

*METHODOLOGY: Department(s) managing waste accumulation areas must maintain a "Non-Hazardous, Universal and Hazardous Waste Container Accumulation, Storage and Disposal Log" for each waste present as included in EA-02.04. This log serves as an internal tracking device for generation of waste and as documentation for waste disposed of through a local recycler at no cost to State. If waste is disposed of through an approved vendor the "Uniform Hazardous Waste Manifest" (if Hazardous) or Bill of Lading (if Non-Hazardous or Universal) and "Non-Hazardous, Universal and Hazardous Waste Container Accumulation, Storage, and Disposal Log" apply.*

## 3.03 Are there absorbent materials (i.e. sawdust, clay, litter, other) available to clean up spills or leaks from containers holding liquid wastes? (EA-02.04)

YES NO NACOMMENTS: The Chemical/Paint rooms are equipped with sawdust.

*METHODOLOGY: Inspect the waste accumulation area for the presence of absorbent material.*

## III. FACILITIES (Environmental Branch); 3. Hazardous, Non-Hazardous, and Universal Waste

- 3.04 If applicable are copies of the Uniform Hazardous Waste Manifests available for the past three years?(EA-02.01)

☒ YES NO NA

COMMENTS: Reviewed documentation for previous three-year period and it was compliant.

*METHODOLOGY: This form is used to provide a standard chain-of-custody for Hazardous (not Non-Hazardous or Universal) waste disposed of through an authorized vendor only. Review the records at the location which produced the manifests. One department may be retaining the records for the entire facility; it is unlikely a disposal vendor would leave more than one manifest per pickup.*



ATTORNEYS EYES ONLY

UNIT: Hutchins DATE: April 9, 19, 2012 INSPECTOR: Sgt. Jason Stilwell

### III. FACILITIES (Environmental Branch)

#### 4. SOLID WASTE

4.01H In regards to stored and collected solid waste:  
(EA-02.07, EA-02.09) (FDM - 04.01)

A. Is garbage containing food waste stored in covered or closed containers which are leakproof, durable, and designed for safe handling and easy cleaning?

☒ YES NO NA

B. Has all disposal of solid waste been in accordance with the Texas Solid Waste Disposal Act as not to create and maintain a nuisance, or allow dumping of municipal solid waste without the written authorization of the Texas Commission on Environmental Quality (TCEQ)?

☒ YES NO NA

COMMENTS: Inspected the area where food waste is disposed, it was organized and clean. Mr. Jerry Pugh - Maintenance verified procedures for dumping.

METHODOLOGY: A. Check the area where food waste is stored or disposed. The containers for moving or storing food waste must have lids. There must not be any food waste such as bones or other food debris on the ground near the containers or other storage containers. B. Check remote outside areas of the facility and ask the maintenance manager where unwanted metals, scrap, and debris are disposed. There must not be any uncontrolled dumping of waste on the facility.

4.02 Are scrap tires stored, inventoried, inspected, and disposed of before reaching the maximum allowed quantity of 500 tires on the ground or 2,000 tires in trailers? (EA-02.08)

YES NO ☒ NA

COMMENTS: No scrap tires

METHODOLOGY: For facilities that store scrap tires: contact the farm manager or transportation department; inspect scrap tire storage locations, and review required documentation; for less than 500 scrap tires review the "Scrap Tire Storage Inspection" form or for scrap tires in excess of 500 the "Scrap Tire Management Registration Application" form.

4.03 Does the unit incorporate efforts to collect and segregate recyclable materials for recycling when it is economically feasible? (FDM-05.08) (EA-02.09 thru EA-02.21)

☒ YES NO NA

COMMENTS: Mr. Pugh verified that quarterly recycling is conducted on aluminum and cardboard.

METHODOLOGY: All facilities are required to recycle when possible. Possible recyclable materials include: automotive anti-freeze, automotive batteries, cardboard, office paper, computer components, scrap metal and scrap tires. Check with the maintenance manager to determine whether these materials are being recycled.

ATTORNEYS EYES ONLY

UNIT: Hutchins DATE: April 9, 19, 2012 INSPECTOR: Sgt. Jason Stilwell

## III. FACILITIES (Environmental Branch)

## 5. POTABLE WATER HAULING OPERATIONS

5.01H Are operational records maintained when the tank truck or trailer is in use that includes:  
(EA-03.04, FDM-04.08)

- |    |  |     |    |           |
|----|--|-----|----|-----------|
| A. | The identity of the hauler used only for transporting potable liquids. | YES | NO | <u>NA</u> |
| B. | The identity of the approved Public Water System used to fill.         | YES | NO | <u>NA</u> |
| C. | The total daily volume hauled (gallons).                               | YES | NO | <u>NA</u> |
| D. | The daily chlorine residual (when in use).                             | YES | NO | <u>NA</u> |
| E. | The microbiological (coliform) results (monthly minimum).              | YES | NO | <u>NA</u> |
| F. | The date(s) of tank truck or trailer disinfection (monthly minimum).   | YES | NO | <u>NA</u> |

COMMENTS: No water-hauling operations

METHODOLOGY: A. Unique identification or asset number. B. Approved Public Water Systems are assigned a seven digit system identification number by the TCEQ. C. Daily usage should be noted in operational records. D. Identify the source (groundwater or surface) and method of disinfection (chlorine or chloramine). Groundwater is typically disinfected with chlorine (minimum 0.5 mg/l free residual). Surface water is typically disinfected with chloramine (chlorine and ammonia) (minimum 1.0 mg/l total chlorine residual). E. Microbiological analysis by TCEQ approved lab. F. Disinfection should be noted in operational records.

5.02 In regards to tank truck or trailers:  
(EA-03.04, FDM-04.08)

- |    |  |     |    |           |
|----|--|-----|----|-----------|
| A. | Is the tank truck or trailer labeled with the words "Drinking Water"?  | YES | NO | <u>NA</u> |
| B. | Does manhole cover overlap the raised manhole opening by a minimum of two inches and terminate in a downward direction?            | YES | NO | <u>NA</u> |
| C. | Is the manhole opening kept locked, except during times of filling?  | YES | NO | <u>NA</u> |
| D. | Is tank truck or trailer equipped with a downward facing vent that is screened with 16-mesh or finer corrosion resistant material? | YES | NO | <u>NA</u> |
| E. | Are the connections (openings) on the wagon used for filling and emptying the tank properly protected with caps and keeper chains? | YES | NO | <u>NA</u> |

ATTORNEYS EYES ONLY

**III. FACILITIES (Environmental Branch); 5. Potable Water Hauling Operations**

- |  |     |    |                                     |
|--|-----|----|-------------------------------------|
| F. Are the hoses labeled "Drinking Water Only"?  | YES | NO | <input checked="" type="radio"/> NA |
| G. Are the hoses provided with caps and keeper chains or have the ends connected together? | YES | NO | <input checked="" type="radio"/> NA |

COMMENTS: No water-hauling operations

*METHODOLOGY: A-G. Verify the tank truck or trailer tank, connections and hoses are properly labeled, constructed and protected.*

ATTORNEYS EYES ONLY

UNIT: Hutchins DATE: April 19, 2012 INSPECTOR: Sgt. Jason Shlwa

Operational Renew

## III. FACILITIES (Environmental Branch)

## 6. PUBLIC WATER SYSTEMS

*Production systems include Beto-Gurney-Powledge, Buffalo Ranch, Central, Chase Field-Garza East-Garza West, Coffield-Michael, Darrington, Eastham, Ferguson, Jester I-III-IV-Vance, Luther, Pack, Ramsey-Stringfellow-Terrell and Scott. Beto, Chase Field, Coffield, Jester I and Ramsey will be reviewed as record holder for these systems for purposes of this audit.*

6.01H The following apply to systems with drinking water production facilities on site:  
(EA-03.01) (FDM-04.03) (FDM-04.06)

- |   |     |    |           |
|---|-----|----|-----------|
| A. Are facilities accessible by all weather roads?  | YES | NO | <u>NA</u> |
| B. Are facilities enclosed by an intruder-resistant fence and lockable gate or building?  | YES | NO | <u>NA</u> |
| C. Are grounds and facilities maintained in a manner so as to minimize the possibility of the harboring of rodents, insects, and other disease vectors, and in such a way as to prevent other conditions that might cause the contamination of the water? | YES | NO | <u>NA</u> |
| D. Are exterior coating systems maintained to provide adequate protection to all surfaces subject to deterioration?   | YES | NO | <u>NA</u> |
| E. Are vents and air releases covered with 16-mesh or finer corrosion resistant screen?   | YES | NO | <u>NA</u> |
| F. Are wells and production meters working properly?  | YES | NO | <u>NA</u> |
| G. Has appropriate documentation for corrective action been submitted to include a Work Order or Major Work Request for any deficiencies noted?   | YES | NO | <u>NA</u> |

COMMENTS: No water production facilities

*METHODOLOGY: A. Roads to facilities shall be navigable in all weather conditions. B. Lockable building may serve in lieu of a gate. C. Drainage shall be controlled to eliminate stagnation or pooling; routine mowing and edging is required; location shall be free from litter. D. Exterior surfaces shall be protected from rust. E. Visual inspection indicates that vent and air releases are secured and undamaged. F. Verify that water producing wells have meters that register production in gallons. G. Verify that Work Orders or Major Work Requests are submitted if deficiencies are noted.*

6.02H The following apply to systems with drinking water disinfection facilities on site: (EA-03.01) (FDM-04.06)

- |   |     |    |           |
|---|-----|----|-----------|
| A. Are facilities enclosed by an intruder-resistant fence and lockable gate or building?  | YES | NO | <u>NA</u> |
| B. Are exterior coating systems maintained to provide adequate protection to all surfaces subject to deterioration?                             | YES | NO | <u>NA</u> |
| C. Are chlorine scales, room exhaust and injector working properly?   | YES | NO | <u>NA</u> |
| D. Is a fresh 30% ammonia solution available on site for chlorine gas leak detection?   | YES | NO | <u>NA</u> |
| E. Are chlorine tanks secured so they cannot tip over?  | YES | NO | <u>NA</u> |
| F. Has appropriate documentation for corrective action been submitted to include a Work Order or Major Work Request for any deficiencies noted? | YES | NO | <u>NA</u> |



## III. FACILITIES (Environmental Branch); 6. PUBLIC WATER SYSTEMS

COMMENTS: No water production facilities

*METHODOLOGY: All production systems are equipped with disinfection facilities. A. Lockable building may serve in lieu of a gate. B. Exterior surfaces shall be protected from rust. C. Enclosures containing more than one operating 150-pound cylinder shall also provide forced air ventilation which includes screened and louvered floor level and high level vents, a fan which is located at and draws air in through the top vent and discharges to the outside atmosphere through the floor level vent and a fan switch located outside the enclosure. D. Product manufacture date has not expired. E. Verify cylinders are secured by blocking or chains. F. Verify that Work Orders or Major Work Requests are submitted if deficiencies are noted.*

## 6.03H The following apply to systems with drinking water storage facilities on site: (EA-03.01) (FDM-04.03) (FDM-04-06)

- |   |     |    |           |
|---|-----|----|-----------|
| A. Are facilities accessible by all weather roads?  | YES | NO | <u>NA</u> |
| B. Are grounds and facilities maintained in a manner so as to minimize the possibility of the harboring of rodents, insects, and other disease vectors, and in such a way as to prevent other conditions that might cause the contamination of the water? | YES | NO | <u>NA</u> |
| C. Are facilities enclosed by an intruder-resistant fence and lockable gate or building?  | YES | NO | <u>NA</u> |
| D. Are exterior coating systems maintained to provide adequate protection to all surfaces subject to deterioration?   | YES | NO | <u>NA</u> |
| E. Are vents and overflows covered with 16-mesh or finer corrosion resistant screen?  | YES | NO | <u>NA</u> |
| F. Are overflow pipes equipped with a gravity hinge and weighted cover that does not gap more than 1/16 <sup>th</sup> of an inch?   | YES | NO | <u>NA</u> |
| G. Are ground storage water level indicators or elevated storage altitude gauges working properly?  | YES | NO | <u>NA</u> |
| H. Has appropriate documentation for corrective action been submitted to include a Work Order or Major Work Request for any deficiencies noted?   | YES | NO | <u>NA</u> |

COMMENTS: No water storage facilities

*METHODOLOGY: Methodology: Units with only one ground storage tank are Marlin, Michael and Mountain View. Units with only one elevated tank are Ellis, Sanchez and Travis. Units with one ground and one elevated tank are Beto, Central, Clemens, Darrington, Estelle, Ferguson, Goree, Hilltop, Luther, Pack, Ramsey, Stringfellow, Scott and Terrell. Units with two elevated and one ground tank are Chase and Eastham. Units with two ground and one elevated tank are Coffield, Jester and Powledge. Powledge ground storage tank #3 has been assigned to Beto. A. Roads to facilities shall be navigable in all weather conditions B. Drainage shall be controlled to eliminate stagnation or pooling; routine mowing and edging is required; locations shall be free from litter. C. Lockable building may serve in lieu of a gate. D. Exterior surfaces shall be protected from rust. E. Inspect vents and overflows to ensure proper screening is in place. F. Inspect overflow piping to ensure covers are properly seated. G. Visually inspect indicators and gauges for proper function. H. Verify that Work Order or Major Work Request is submitted if deficiencies are noted.*

## III. FACILITIES (Environmental Branch); 6. PUBLIC WATER SYSTEMS

6.04H The following apply to maintenance of systems that produce and/or purchase drinking water:  
(EA-03.02) (FDM-04.09) (FDM-04.13 thru 04-14)

- |   |     |    |                                     |
|---|-----|----|-------------------------------------|
| A. Are backflow prevention assemblies tested upon installation and annually thereafter?   | YES | NO | <input checked="" type="radio"/> NA |
| B. Is the Utility Management and Emergency Contact Information current and available?   | YES | NO | <input checked="" type="radio"/> NA |
| C. Are the minimum disinfectant residuals consistently maintained at point of entry(s) to and throughout the distribution system? | YES | NO | <input checked="" type="radio"/> NA |
| D. Is a current copy of the Water Quality Consumer Confidence Report available?   | YES | NO | <input checked="" type="radio"/> NA |

COMMENTS: State-Jail Facility

*METHODOLOGY: A. Assemblies are tested by Regional Maintenance with original signed and dated test report retained for a minimum of three years at the Unit Maintenance Office. B. See FDM-04.13. C. Minimum disinfectant residual throughout distribution system is 0.2 mg/l free (if chlorine used) and 0.5 mg/l total (if chloramine is used) with 1.0 mg/l preferred. The billing consumption meter is point of entry for systems that purchase water. D. The Water Quality Consumer Confidence Report is available from the provider (if system purchases water) or from Maintenance Headquarters (if system produces water) by July 1<sup>st</sup> of each year. Starting with the 2009 report purchase water systems shall retain reports for five years.*

- 6.05 Is drinking water system operated by the minimum quantity and class of Texas Commission on Environmental Quality (TCEQ) licensed operator(s)?
- YES NO ☒ NA

COMMENTS: State-Jail Facility

*METHODOLOGY: The staff operator(s) making decisions regarding the day-to-day operation and maintenance of the system shall hold a valid license. Minimum quantity and class required for Units purchasing potable water served as delivered without additional treatment (1-Class D). Minimum quantity and class required for systems producing and/or providing disinfectant treatment of potable water are Buffalo Ranch (1-Class D), Central, Darrington, Ferguson, Luther, Pack, Scott (1-Class C groundwater). Beto-Gurney-Powledge, Coffield-Michael, Chase Field & Garza East & West, Eastham, Jester I-III-IV-Vance, Ramsey-Stringfellow-Terrell (2-Class C Groundwater).*

ATTORNEYS EYES ONLY

UNIT: Hutchins DATE: April 9, 19, 2012 INSPECTOR: Sgt. Jason Shilwell

## III. FACILITIES (Environmental Branch)

## 7. WASTEWATER SYSTEMS

7.01 In regards to Domestic Wastewater Treatment Plants:  
(FDM-04.05, FDM-04.09)

- |  |     |    |           |
|--|-----|----|-----------|
| A. Is there is a source of auxiliary power to operate the plant in the event of a power failure?   | YES | NO | <u>NA</u> |
| B. Are all essential components of the plant connected to the auxiliary power supply?  | YES | NO | <u>NA</u> |
| C. Is there a full-face Self-Contained Breathing Apparatus (SCBA) or supplied air respirator available?  | YES | NO | <u>NA</u> |
| D. Does the gauge indicate that the tank is not empty?   | YES | NO | <u>NA</u> |
| E. Is there fresh ammonia solution readily available at the treatment plant for testing for chlorine leaks?  | YES | NO | <u>NA</u> |
| F. Is there a forced mechanical ventilation system installed in the chlorination room?   | YES | NO | <u>NA</u> |
| G. Is the fan activated by an external light switch?   | YES | NO | <u>NA</u> |
| H. Is the fan blowing into the chlorinator room at the top of the building?  | YES | NO | <u>NA</u> |
| I. Is the potable water supply protected from contamination through the use of an air gap or backflow prevention device?                                       | YES | NO | <u>NA</u> |
| J. Are all wash down hoses <u>using potable water</u> equipped with atmospheric vacuum breakers located <u>above</u> the overflow level of the wash down area? | YES | NO | <u>NA</u> |
| K. Is a current copy of the permit available at the treatment plant?   | YES | NO | <u>NA</u> |

COMMENTS: No waste water treatment plant

**METHODOLOGY:** A. & B. Auxiliary power facilities are required for all wastewater treatment plants, unless dual power supply arrangements are made or unless it can be demonstrated that the plant is located in an area where electric power reliability is such that power failure for a period to cause deterioration of effluent quality is unlikely. Check to see if the auxiliary power source will start up on demand. Ask the plant operator if the essential components of the plant are connected to the auxiliary power supply. Essential plant components include the bar screen (if mechanical), grit screen, rotors, aerators, clarifier and disinfection equipment. C., D., E. Visually check and verify that a SCBA or supplied air respirator is readily accessible. Visually confirm that there is a bottle of ammonia available outside the chlorine room. F., G., H. Visually check to verify that the ventilation system is installed and working properly. I. & J. Ask the operator to show you the backflow prevention device that is located on the main water supply line to the treatment plant. Also, check all hose-bibs that utilize potable water for backflow prevention. Each location should be equipped with an atmospheric vacuum breaker. K. Verify by asking the operator for a copy of the permit.

## III. Environmental Branch; 7. Wastewater Systems

**NOTE:** This item is applicable to most units. Units that operate their own domestic treatment plant will have a bar screen. Units that do not operate their own treatment plant may or may not have a bar screen.

- 7.02 Are bar screen materials dewatered (drained) and placed in garbage cans with plastic liners and lids?

(EA-04.01, FDM-04.05)

COMMENTS: Inspected the Bar screen area and the protocol is being followed. YES NO NA

**METHODOLOGY:** Bar Screen materials should be raked up onto a sloped concrete or other type pad where wastewater can drain back into the sewer line. Once drained, they are to be placed in garbage cans with lids. The garbage cans will have a disposable plastic liner installed that will be closed and tied prior to disposal in the trash compactor, roll-off container, etc. Visit the bar screen to see whether materials are dewatered and placed inside a garbage can containing a plastic liner.

**NOTE:** Applicable to units that utilize Portable Toilet Facilities.

- 7.03 Are Portable Toilet Facilities utilized according to the following guidelines:

(EA-04.02)

- |  |     |    |           |
|--|-----|----|-----------|
| A. Cleaned twice weekly when in use?                           | YES | NO | <u>NA</u> |
| B. Contents disposed of into the wastewater collection system? | YES | NO | <u>NA</u> |

COMMENTS: No portable toilet facilities

**METHODOLOGY:** A. & B. Check with user to determine the frequency of cleaning and disposal location.

- 7.04 In regards to the Confined Animal Feeding Operation (CAFO) lagoons:

(EA-06.01)

- |   |     |    |           |
|---|-----|----|-----------|
| A. Are the lagoons protected from (livestock) by fences or other protective devices?  | YES | NO | <u>NA</u> |
| B. Are the lagoons free of trees and shrubs that could compromise the integrity of the liner?   | YES | NO | <u>NA</u> |
| C. Is the terminal lagoon (last lagoon in the series) equipped with a permanent marker (measuring device) that indicates the amount of freeboard available? | YES | NO | <u>NA</u> |
| D. Is there at least two feet of freeboard in the terminal lagoon?  | YES | NO | <u>NA</u> |
| E. Is a current copy of the CAFO permit available at the facility?  | YES | NO | <u>NA</u> |

COMMENTS: State-Jail Facility

**METHODOLOGY:** A. & B. Visually check the lagoons to ensure that livestock or other animals are prevented from walking near the lagoons. In most cases there will be a fence that prevents the livestock from nearing the lagoons. Check also for trees or shrubs growing either within or on the berms of the lagoon. There shall be no trees or shrubs growing in these locations. C. & D. Verify by checking the terminal lagoon for the marker and appropriate freeboard. E. Verify by asking the operator or manager for a copy of the CAFO permit.

## III. Environmental Branch; 7. Wastewater Systems

7.05 Is license issued under the direction of Texas Commission on Environmental Quality (TCEQ) for the following individuals:  
(30 TAC 325.100) (FDM-02.02) (FDM-02.04)

A. Treatment Plant Operator - For TDCJ units that operate their own wastewater treatment plant.

YES NO NA

B. Collection System Operator - For TDCJ units that do not operate their own wastewater treatment plant.

YES NO NA

COMMENTS: Mr. Bobby Brock - Plumber tech possesses the certification and H IS on file in the Maintenance Department.

*METHODOLOGY: A. & B. Each holder of a wastewater disposal permit for a wastewater treatment facility shall employ one or more treatment plant operators holding valid license issued under the direction of TCEQ. The following units must have an operator with a class "B" or higher certificate: Beto, Coffield, Estelle, & Ramsey. All other units that hold a wastewater disposal permit for a wastewater treatment facility must have an operator with a class "C" or higher certificate issued under the direction of the TCEQ. For those units that do not hold a wastewater disposal permit for a wastewater treatment facility, there must be a person who holds a valid class "D" certificate issued under the direction of the TCEQ. Ask to see the operator's license to verify compliance.*



ATTORNEYS EYES ONLY

Operational Review

UNIT: Hutchins DATE: April 9, 19, 2012 INSPECTOR: Sgt. Jason Shilwell

## III. FACILITIES (Environmental Branch)

## 8. Occupational Health

*Note: Questions 8.01, 8.02, and 8.03 also apply at Offender Transportation operations.*8.01H With regard to the Hazard Communication (Worker Right-to-know) program:  
(EA-05.09)

- A. Does the Work Area Notebook cover contain Unit Name, Division, Department, Hazard Communication Volume 1 of \_\_\_\_\_ and spine contain Hazard Communication Volume 1 of \_\_\_\_\_ in a legible format utilizing the cover designed and approved by the Risk Management Committee?  
☒ YES NO NA
- B. Does the Work Area Notebook consist of the following completed sections: Section I Workplace Implementation Plan and EA-5.09, Section II Site Specific Training Program, Section III Chemical Inventory, and Section IV Material Safety Data Sheets (MSDS)?  
☒ YES NO NA
- C. Has a Work Place Implementation Plan been developed to include all applicable areas where chemicals are present, produced or used, and has the location of the common use area(s) for posting the current set of the *Notice to Employees*, been identified?  
☒ YES NO NA
- D. Has a Work Area Chemical Inventory List been prepared?  
☒ YES NO NA
- E. Has a Site-Specific curriculum been developed to include the protective measures available to address the physical and health hazards of chemicals identified on the Inventory List?  
☒ YES NO NA
- F. Is the MSDS included in the Work Area Notebook for at least one of every 10 randomly selected chemicals identified on the Work Area Chemical Inventory List?  
☒ YES NO NA
- G. Are secondary containers clearly labeled to include the MSDS identity and the National Fire Protection Association (NFPA) 704 M hazard warning diamond as it appears on the MSDS?  
☒ YES NO NA

COMMENTS: Inspected the Work Area Notebooks in Maintenance, Laundry, Kitchen and Unit Supply and all contained the appropriate information.

**METHODOLOGY:** Methodology: A. & B. Each Work Area identified on the current Implementation Plan shall have a Notebook. C. Exemptions include armory, pesticides (under licensed technician), medical and veterinary (except janitorial supplies). A minimum of one set of Notices per Work Place is required. A set consists of one English and one Spanish each printed on white 8-1/2x11" paper printed portrait style in black ink. D. A "Work Area Chemical Inventory List" template is included in EA-05.09. Warehouse and distribution centers are only required to complete MSDS Identity, Storage Code, and Quantity portions of the list for each chemical identified. E. A "Hazard Communication Program Site Specific Training Curriculum" template is included in EA-05.09. F. MSDS are manufacturer specific. A substitute (non-manufacturer-specific) MSDS can be used if it is identical to the manufacturer-specific MSDS both in identity and formulation of the hazardous chemical. Acceptable substitutions include: motor fuels such as gasoline, diesel, propane, etc.; automotive fluids such as transmission fluid and brake fluid; asphalt such as that used in paving and roofing operations; or liquid household bleach (Clorox, Purex) containing "sodium hypochlorite" in the same concentration. G. Secondary container labels at minimum shall include the MSDS identity and the NFPA hazard warning diamond for the chemical contained.

8.02H Regarding Hazard Communication Program Training Requirements, are training records available that document both general and site-specific training for work area personnel?  
(EA-05.09) ☒ YES NO NA

COMMENTS: Reviewed Record of Training for work area personnel that documents both general and site-specific training.

**METHODOLOGY:** Hazard Communication Record of Training with signatures and dates are filled out and on file at the work area.

## III. FACILITIES (Environmental Branch); 8. OCCUPATIONAL HEALTH

- 8.03H With regard to emergency eyewash and shower equipment; is flushing, cleaning, preparation of diluted buffers or installation of replacement cartridges (as applicable) completed and documented.  
(EA-05.06, OSHA 29CFR 1910.151, ANSI Z 358.1) YES ☒ NO NA

COMMENTS: Inspected eyewash stations throughout the facility. Laundry department's eyewash station was INOP on 4/9/12.

METHODOLOGY: Plumbed eyewashes and showers are to be activated at least two minutes weekly. Self-contained eyewash units using concentrated buffer solutions are cleaned and new buffered saline is prepared according to manufacturer instruction. Saline is changed at least every 6 months or at frequency recommended by the manufacturer. Cartridges are not used past expiration date and the date the cartridge is placed into service (and the lot number if available) is documented. The preferred location for documenting the completion of this inspection is by initialing the Inspection Tag (RM-10), Eye Wash Station and Emergency Shower Weekly Inspection, available from Risk Management.

- 8.04 With regard to Confined Spaces and Hazardous Atmospheres, has an "Identification of Confined Space Survey" of the work place been completed?  
(EA-05.07) ☒ YES NO NA

COMMENTS: "Confined Spaces and Hazardous Atmospheres" survey has been completed and is on file in UPMC Roy Store's office.

METHODOLOGY: EA-05.07 "Confined Spaces and Hazardous Atmospheres" is a planning tool for safe entry into confined spaces that includes verification that the required precautions have been taken and the necessary equipment is available prior to entry. Applicability of the program in a work place is based on identification of confined spaces, the actual or potential hazards, and the frequency of entry and the type of work to be performed. Completed surveys are retained by the Risk Manager and respective Division Entry Supervisor(s).

- 8.05 With regard to the Noise Control and Hearing Conservation Program:  
(EA-05.08)

- A. Are ear plugs or muffs provided in areas with posted notification of high noise exposure?  
☒ YES NO NA
- B. Is the posted notification validated by either the equipment manufacturer or an actual noise level survey of the area?  
☒ YES NO NA

COMMENTS: Signs and tags are posted in areas where exposure to high noise and the need to wear hearing protection. The Noise Level Survey has been

METHODOLOGY: A. Signs and tags shall be used to warn of hazards associated with exposure to high noise and the need to wear hearing protection. B. Notifications must be validated by either equipment manufacturer recommendations or an actual noise level survey. Notification posted without validation should be removed.

## III. Facilities (Environmental Branch); 9. Management of Refrigerant

9.05 For all recovered refrigerant (non-contaminated and contaminated):  
(40 CFR Part 82 Subpart F)

- |   |            |    |     |
|---|------------|----|-----|
| A. Are separate Disposition Reports maintained?   | <u>YES</u> | NO | N/A |
| B. Does each Report contain the required information?   | <u>YES</u> | NO | N/A |
| C. Do the Reports bear all appropriate signatures?  | <u>YES</u> | NO | N/A |
| D. Are recovery cylinders with contents labeled to state<br>unit name, type of refrigerant, amount of refrigerant,<br>and condition of refrigerant (contaminated/non-contaminated)? | <u>YES</u> | NO | N/A |

COMMENTS: the RS-250 and RS-251 reports are being utilized and have  
the required information and signatures.

METHODOLOGY: A.-D. Assure that a separate log is filled out for each recovery cylinder and that the  
recovery cylinders are properly labeled.

**OPERATIONAL REVIEW SERGEANT'S REPORT**

Unit: Hutchins State Jail Review Conducted: April 10-11, 18, 2012  
(Month/Day/Year)

Functional Area Reviewed: Maintenance

Manual Chapter and Section Reference: Chapter III sections 10-18

Total 'Applicable' Checklist Questions: 32 ( 22 High + 10 Other)

• **INTRODUCTION:**

For this audit I began by randomly selecting completed Corrective Maintenance/Preventive Maintenance Work Order's for the previous three-month period. I compared the craftsman's copy to the automated maintenance system records and ensured both contain the same information. I reviewed labor or part charges from Region II Maintenance or outside workforce, and occurrences when procurement means are used. I reviewed records on all 5 stationary emergency generators for three-month period and verified that weekly/monthly PM's were completed and documented within the specified timeframe's. I reviewed documentation from the previous 12-month period to verify all mandatory PM's were completed as required. I verified that common/sensitive tool room shadow boards are in place appropriately and each tool on the shadow board is "shadowed". I verified through a visual inspection that all tool rooms are secured at all times. I interviewed Ms. Rosalyn Bein and Offender Puyear, Kenneth TDCJ#1662924-tool room attendant concerning procedures. I reviewed Common/Sensitive tool logs for the previous 30-day period and verified that there are separate logs for common and sensitive tools. I visually inspected tools and verified that tools are engraved with the appropriated numbers for identification purposes. I reviewed with Mr. James Elliot-Electrician tech the master tool inventory and compared against on-hand balances, and also inspected Mr. Barry Cautheron's cart and tool boxes documentation for the previous 30-day period. I obtained the Refrigerant Report from the automated maintenance system and compared against the on-hand balances and they were compliant. I inspected refrigerant storage areas and ensured secured at all times. I ensured that Mr. Julius Baker-HVAC tech possesses the EPA certification and it is also on file in the Maintenance Department. I reviewed FDM-01.01 Attachment A, reconciled procurement card statements and supporting documentation for the prior 2 months, the documentation was signed by the Warden or Designee.

• **FINDING(S)**

<b>Finding 1-15.02</b>			
<i>Reviewed "Parts Order and Receive" documentation, several items purchased had not been brought into inventory. (w.o.#1804-1839, #2531)</i>			
<b>ACTION STEPS</b> <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>	<b>PERSON/DEPT. HEAD RESPONSIBLE</b>	<b>TARGET DATE</b>	<b>DATE COMPLETED</b>
1. The Maintenance Supervisor will ensure when items are purchased they are brought into inventory in a timely manner per policy.	Mr. Jerry Pugh-Maintenance Supervisor	March 18, 2012	
2. The items identified in the checklist will be brought into inventory ASAP.	Mr. Jerry Pugh-Maintenance Supervisor	March 18, 2012	
3. This will be monitored to ensure completion in a timely manner.	Sgt. Jason Stilwell-Operational Review	March 18, 2012	

<b>Finding 1-16.02</b>			
<i>Reviewed YWOL's on each department listed, Housing areas A1-F YWOL, last documentation noted was from 3/29/12</i>			
<b>ACTION STEPS</b> <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>	<b>PERSON/DEPT. HEAD RESPONSIBLE</b>	<b>TARGET DATE</b>	<b>DATE COMPLETED</b>
1. The AD-10.20 officer will ensure that the YWOL's are documented per policy.	Amaris Wormly-AD-10.20 Officer	March 18, 2012	
2. The Maintenance Supervisor shall ensure that AD-10.20 officer is completing this task weekly.	Mr. Jerry Pugh-Maintenance Supervisor	March 18, 2012	
3. This will be monitored to ensure completion in a timely manner	Sgt. Jason Stilwell-Operational Review	March 18, 2012	

### OPERATIONAL REVIEW SERGEANT'S REPORT (cont.)

- SUMMARY:**

The Hutchins Unit Maintenance Department is doing a great job. During the six month period since the last unit level review the documentation has greatly improved. During this review Ms. Rosalyn Bein was very helpful and knowledgeable; she is an asset to the Agency and the Hutchins Unit. The Maintenance Department as a whole is a model department for all facilities state-wide.



ATTORNEYS EYES ONLY

SM-01.23

Attachment A

• OPERATIONAL REVIEW SERGEANT:

Sgt. Jason Stilwell  
(Print Name)

*JA SA 4/19/12*  
(Signature/Date)

Justification for Late Submission by Operational Review Sergeant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

• WARDEN:

**JEFF PRINGLE, WARDEN**

(Print Name)

*Jeff Pringle 4.30.12*  
(Signature/Date)

*(Signature)*

Attachment: Completed checklist(s)  
Copy: File  
Unit-level Department Head

*(Signature)*

## III. FACILITIES (Maintenance)

Unit Hutchins

## 10. WORK ORDER MANAGEMENT

Name Sgt. Jason Shilwell - Operational ReviewDate April 10, 11, 18, 2012

**NOTE:** Where instructed to review computer-generated documents (i.e., ADPICS, computerized management system, IMS, etc.), request assistance from the Unit Maintenance Supervisor or Office Administrator. Several questions note that a random sample of documents is to be selected based on the unit's maximum capacity: Small (323-899), Medium (900-2,399), or Large (2,400+). If unsure about the unit's capacity, refer to the 'Unit Profiles' published by Executive Services.

- *Small Units - 30 completed CM work orders; 20 completed PM work orders*
- *Medium Units - 45 completed CM work orders; 30 completed PM work orders*
- *Large Units - 60 completed CM work orders; 40 PM work orders*

10.01 Compare the craftsman's copy (working copy) to the automated maintenance system copy (completed work order) to ensure the following information is correctly documented on both copies:  
(FDM-01.09)

- A. Date Completed? ☒ YES NO N/A
- B. Short, detailed description of the work performed? ☒ YES NO N/A
- C. All parts and materials issued from parts inventory or other sources (i.e., Bench stock, provided by Unit Supply, provided by Education, etc.)? ☒ YES NO N/A
- D. All additional labor or part charges from Region Maintenance or an outside Workforce, to include the work order or reference number? ☒ YES NO N/A
- E. When parts/materials purchased for specific work orders, is procurement means noted (i.e. ADPICS numbers, IMS numbers or Procurement Card information)? ☒ YES NO N/A

COMMENTS: I Randomly selected completed CM's + PM's for the previous three-month period. I compared the craftsman's copy to the automated maintenance system records and ensured both agree. Reviewed labor or part charges from Region II Maintenance or

*METHODOLOGY: Randomly select completed corrective maintenance (CM) and preventive maintenance (PM) work orders as noted below for the previous three month period. Do not select any open work order or any work order closed for a reason other than being performed. Compare the craftsman's copy to the automated maintenance system copy, determine if all required information is contained on both copies of the same work order and determine if information on both copies of the same work order agree. Additionally, review the completed work orders (and RS-21's when appropriate) to verify all required information listed above is included.*

**NOTE:** Questions A. – C. above are in two parts. If either the craftsman's copy or the automated maintenance system copy is missing information, the response is NO. If information on the craftsman's copy and the automated maintenance system copy do not agree, the response is NO. Questions D. and E. pertain **only** to the automated maintenance system copy (completed work orders).

outside workforce as well as when procurement means are utilized.

III. FACILITIES (Maintenance)

Unit: Hutchins

11. PREVENTIVE MAINTENANCE (PM) MANAGEMENT

Name: Sgt. Jason Stilwell

Date: April 10-11, 18, 2012

11.01H Are all emergency generator PMs completed as required?  
(FDM-05.06) [ACA 4-4218; ACA 4-4219]

A. Weekly? ☒ YES NO N/A

B. Monthly? ☒ YES NO N/A

COMMENTS: Reviewed the PM records on all 5 stationary emergency generators for a three-month period. Verified that weekly/monthly PM's were completed and documented within the specified timeframes.

METHODOLOGY: Through the automated maintenance system records, determine quantity of stationary emergency generators. A. Review the PM records for a three month period prior to the review, for all of the stationary emergency generators. Verify that the PM tasks were performed within six calendar days of the scheduled start date. B. Review the PM records for a three month period prior to the review, for all stationary emergency generators. Verify that the PM tasks were performed within the same month of the schedule start date.

11.02H During the last completed annual emergency generator PM, was the:  
(FDM-05.06) [ACA 4-4219]

A. Oil and oil filter changed and materials charged to the work order? ☒ YES NO N/A

B. Coolant tested/changed and parts/materials charged to the work order? ☒ YES NO N/A

Note: Coolant tested in the first and second years and changed in the third year.

C. Fuel filters changed and materials charged to the work order? ☒ YES NO N/A

COMMENTS: Reviewed annual emergency PM's for the previous 12-month period. Renewed Craftsman's copy and automated maintenance system records and ensured all the above tasks were performed / documented.

METHODOLOGY: A. - C. Through automated maintenance system records, identify the work orders documenting that each of the above tasks has been completed for all stationary emergency generators during the last 12 calendar months. Additionally, review the craftsman's copy of these same work orders to verify that each of these tasks has been correctly documented.

NOTE: Questions 11.03H, 11.04H, and 11.05 do not apply to Emergency Generators, Pressure Reducing Valves, or Gas Lines.

11.03H Were all mandatory PMs completed?  
(FDM-05.06 Rev.03) [ACA 4-4218]

☒ YES NO N/A

COMMENTS: Checked the past 12 months to verify all mandatory PM's were completed as required.

Methodology: Check the past twelve months prior to the month of the review to verify all mandatory PMs were completed as required by FDM-05.06 (Rev.03) in CMMS run the Work Order Log report for PMs Closed Due to Lack of Man-Hours. (Question does not apply when equipment is down during PM period, example: ICE machine down for six months waiting on control board or equipment down for non seasonal use).

### III. FACILITIES (Maintenance)

#### 11. PREVENTIVE MAINTENANCE (PM) MANAGEMENT

- 11.04H Were all non-critical PMs completed (missing no more than two consecutive PMs)? ☒ YES NO N/A  
(FDM-05.06 Rev.03) [ACA 4-4218]

COMMENTS: Checked the past 12 months to verify all non-critical PM's were completed as required.

*Methodology: Check the past twelve months prior to the month of the review to verify all Non-Critical PMs were completed as required by FDM-05.06 (Rev.03). In CMMS run the Work Order Log report for PMs Closed Due to Lack of Man-Hours. (Question does not apply when equipment is down during PM periods, example: CLW (clothes washer) down for over a year waiting on a bearing or equipment down for non seasonal use).*

- 11.05 If mandatory/non-critical equipment PMs were closed due to equipment down, was a CM ☒ YES NO N/A  
created and referenced in the work order field?  
(FDM-05.06 Rev.03)

COMMENTS: Reviewed the past 12 months for any equipment item that is down long enough to miss a required, scheduled PM. Verified that a CM was issued with referenced Work Order # appropriately.

*Methodology: Check the past twelve months prior to the month of the review for any equipment that is down long enough to miss a required scheduled PM. If the equipment has been down long enough to miss a required scheduled PM then look for a CM on that piece of equipment and check to see if the work order field has been filled in with referenced work order number.*

- 11.06 Is preventive maintenance scheduled for mandatory and non-critical equipment and systems ☒ YES NO N/A  
reviewed?  
(FDM-05.06) [ACA 4-4218; ACA 4-4219]

COMMENTS: Obtained from automated maintenance system the PM schedule and verified that all mandatory and non-critical equipment items have been scheduled.

*METHODOLOGY: Obtain copy of the automated maintenance system Report "Check - Equipment with No PM Schedule," and verify PM linked and active on mandatory and non-critical equipment and systems to include replacement, new, or additional equipment. Note equipment with no PM Schedule and/or not linked or not active as required.*

- 11.07 Has quarterly preventive maintenance been performed and documented on a PM work order for the following:  
(FDM-05.06) [ACA 4-4218]

- A. Pressure Reducing Valve, Gas/Air Sub-Station - 1544-PRV03Q? ☒ YES NO N/A  
B. Underground Gas Lines - 1545-GSL01Q? ☒ YES NO N/A  
C. Above Ground Gas Lines - 1546-GSL02Q? ☒ YES NO N/A

COMMENTS: Reviewed 4 quarters prior and verified that PM's have been conducted in the appropriate timeframe's and documented with the craftsman's and

## III. FACILITIES (Maintenance)

## 11. PREVENTIVE MAINTENANCE (PM) MANAGEMENT

Maintenance Supervisors signatures. All Quarterly PM's were completed within three months of the scheduled start date.

*METHODOLOGY: Review four quarters prior to the review, for 10 % of the PMs or not less than 1 of the PRVs and all of the gas lines to ensure all required PM tasks have been conducted, properly documented, and that the Craftsman and Unit Maintenance Supervisor signed and dated the documents. These quarterly PMs must be completed within three months of the scheduled start date.*

## III. FACILITIES (Maintenance)

Unit Hutchins

## 12. TOOL MANAGEMENT

Name Sgt. Jason StilwellDate April 10-11, 18, 2012

- 12.01H Are unit maintenance department shadow boards in place and properly configured? ☒ YES NO N/A  
(AD-03.19) [ACA 4-4196M]

COMMENTS: Verified that common/sensitive tool room shadow boards are in place appropriately. Verified that each tool on the shadow board is "shadowed".

METHODOLOGY: Verify that common and sensitive tool room shadow boards are in place, where space permits, to offer quick and accurate tool accountability. Verify that each tool on the shadow board is "shadowed" and that in instances of multiple tools hanging on one peg, only like tools are hung together and the total number of these tools noted.

NOTE: It is not a requirement for the tool number to be on the shadow board; however, if a number is displayed, verify that it matches the number engraved on the tool.

- 12.02H Are all unit maintenance department tool rooms secured and locked at all times unless an ☒ YES NO N/A  
offender assigned to the tool room or an authorized employee is present?  
(AD-03.19) [ACA 4-4196M]

COMMENTS: Verified through visual inspection all tool rooms are secured at all times. Interviewed Ms. Rosalyn Bein and Offender Puyear, Kenneth TBJ# 1662924 - tool room attendant, concerning procedures.

METHODOLOGY: Check to see if secured or ask employee and offender (if required) if the rooms are secured at all times.

- 12.03H Are unit maintenance department Sensitive and Non-sensitive/Common Tool Checkout Logs properly completed? YES NO N/A  
(AD-03.19) [ACA 4-4196M]

COMMENTS: Reviewed Common/Sensitive tool logs for the previous 30 day period. Verified that there are separate Logs for Common or Sensitive tools. Entries noted on logs are complete and contain the appropriate information.

METHODOLOGY: Review Common and Sensitive Tool Check Out Logs for the past 30-days including the logs for the day of the review. Verify that separate logs are used for the issue and return of Common and Sensitive Tools. Verify entries on both logs are complete (i.e., date; requester's printed name; tool description; unique number of tool; time and date of issue with signed initials; and time and date of return with signed initials).

NOTE: The purpose of Question 12.04H, 12.05H, and 12.06H is to ensure agreement between actual "on-hand tools" and the unit's master tool inventory list. The number of tools checked is based on the size of the unit's total tool inventory, as noted below:

Small inventory (less than 1,000 tools) - Check 30 total tools (on a 10/10/10 basis); or  
Medium inventory (1,000 - 1,999 tools) - Check 60 total tools (on a 20/20/20 basis); or  
Large inventory (2,000+ tools) - Check 90 total tools (on a 30/30/30 basis)

- ➔ First - Using the 'master tool inventory list', randomly select 10 tools from the master tool inventory list [or 20 or 30, as appropriate] and compare with the 'on-hand tools'; then
- ➔ Second - Randomly select 10 different tools from the 'on-hand inventory' [or 20 or 30, as appropriate] and compare with the 'master tool inventory list'; then
- ➔ Third - Randomly select 10 different tools from the 'on-hand inventory' of one or more tool boxes [or 20 or 30, as appropriate] and compare with the 'master tool inventory list.'



III. FACILITIES (Maintenance)

12. TOOL MANAGEMENT

- 12.04H Is the unit maintenance department master tool inventory list accurate? ☒ YES NO N/A  
(AD-03.19) (FDM-05.19) [ACA 4-4196M]

COMMENTS: Verified through comparison of checked tools with tools on the master tool inventory list. Inspected all tool issuance areas and the check-out logs.

METHODOLOGY: Verify accuracy through comparison of checked tools with tools on the master tool inventory list. Print the master tool inventory list by tool number for this review.

- 12.05H Are all unit maintenance department tools properly engraved? ☒ YES NO N/A  
(AD-03.19) (FDM-05.19) [ACA 4-4196M]

COMMENTS: Visually inspected tools and verified that tools are engraved with the appropriate numbers.

METHODOLOGY: Verify tools are engraved with Unit/Division Identification Number (51), Department Number (1) and Tool Number (1). [Example: Unique Tool Number 51-1-1].

- 12.06H Are unit maintenance department sensitive tools stored separately from non-sensitive/common tools in a locked, secured location where offenders do not have access or where there is constant staff supervision? ☒ YES NO N/A  
(AD-03.19) (FDM-05.19) [ACA 4-4196M]

COMMENTS: Visually inspected the areas where sensitive/non-sensitive tools are stored. The sensitive tools are stored separately in a locked cage, both areas have constant staff supervision and are inaccessible to offenders.

METHODOLOGY: Verify sensitive and non-sensitive/common tools are properly stored.

- 12.07H Are unit maintenance department tools (in tool rooms and craftsman's carts and tool boxes):  
(AD-03.19) (FDM-05.29) [ACA 4-4196M]

A. Tool rooms visually inventoried and documented twice daily? ☒ YES NO N/A

B. Tools that have been issued inventoried and documented by the employee at the beginning and end of each workday? ☒ YES NO N/A

COMMENTS: Reviewed with Mr. James Elliot - Electrician tech the master tool inventory and inspected Mr. James Cauthron's cart and tool boxes documentation for the previous 30-day period. Inspected tool rooms and they were compliant.

METHODOLOGY: Review records documenting twice daily visual tool inventories for tool rooms, craftsman's carts and tool boxes during the past 30 days, including the last work day prior to the review date.

Note: If the inventory log for a specific tool does not have a completed X for that day, verify the tool has been returned.

### III. FACILITIES (Maintenance)

#### 12. TOOL MANAGEMENT

12.08H Are unit maintenance department damaged, broken or unserviceable tools:  
(AD-03.19) (FDM-05.19) [ACA 4-4196M]

- A. Secured in a locked storage container? ☒ YES NO N/A
- B. Secured in a locked storage container properly identified on the Tool Destruction Log? ☒ YES NO N/A
- C. Destroyed within one month after the "Date Placed Destruction Box/Taken Out of Service on the Tool Destruction Log?" ☒ YES NO N/A
- D. Approved for destruction by the warden or designee prior to destruction? ☒ YES NO N/A

COMMENTS: Verified that all damaged, broken, or unserviceable tools are locked in a destruction box and logged into the Tool Destruction Log. All documentation is signed by the Warden's designee - Maintenance Supervisor Mr. Jerry Prgh.

METHODOLOGY: A. Verify the storage container is locked. B. Verify all tools in the locked storage container are recorded on the Tool Destruction Log and that all required entries on the Tool Destruction Log are completed. C. Confirm that the tool destruction was within completed one month after the "Date Placed Destruction Box/Taken Out of Service." D. Confirm tool destruction approval was granted in writing by the warden or designee prior to the destruction date.

12.09H Do unit maintenance department employees maintain a supplemental list of tools checked out from the sensitive or non-sensitive/common tool rooms until those tools are returned (e.g., specialty tools for a specific job)? ☒ YES NO N/A  
(AD-03.19) [ACA 4-4196M]

COMMENTS: Requested from Mr. James Cauthron - Maintenance tech, his supplemental list of tools and he verified the procedure regarding the paperwork.

METHODOLOGY: Request from unit maintenance employee to see a supplemental list for tools checked out other than those on their regular tool list (e.g., specialty tools for a specific job).

12.10H Does unit maintenance have prior approval for tools issued out overnight? ☒ YES NO N/A  
(AD-03.19) [ACA 4-4196M]

COMMENTS: Interviewed Ms. Rosalyn Bein - Admin. Assistant regarding this procedure and the approval of the Warden or designee is needed for tools to be issued overnight.

METHODOLOGY: Review approved requests from unit maintenance to the warden or designee for tools issued out overnight.

## III. FACILITIES (Maintenance)

Unit Hutchins

## 13. MAINTENANCE MANAGEMENT

Name Sgt. Jason Shilwell - Operational ReviewDate April 10-11, 18, 2012Note: This section applies to the Division-Level Operational Review Only13.01 Are automated maintenance system Equipment Item Files:  
(FDM-01.02; FDM-05.06)A. Established for each replacement, new or additional item of equipment and system requiring preventive maintenance within 21 calendar days following installation? YES NO N/AB. Inclusive of all costs in order to reflect a complete equipment history? YES NO N/ACOMMENTS: Division-Level Operational Review only

METHODOLOGY: A. - B. Review the prior year of MWRs for replacement, new or additional equipment/systems as well as direct replacement(s) which require(s) preventive maintenance. Also review automated maintenance system reports: "Work Orders Coded to UNT and HVS", "Part Costs and Additional Charges Greater Than/Equal to \$500"; "Parts Issued Without a Work Order".

13.02 Does the unit maintenance department have the following required TDCJ policies and are they current?  
(Facilities Division Management Requirement)A. Facilities Division "Maintenance Standard Operating Policies Manual & Updates" - available from Facilities Maintenance Department Headquarters YES NO N/AB. "ED-10.06 (Construction, Maintenance, Renovations or Alterations of TDCJ Facilities)" - available on TDCJ Mainframe Infopac YES NO N/AC. "AD-03.19 (Control of Tools/Sensitive Items)" - available on TDCJ Mainframe Infopac YES NO N/AD. AD-10.20 (Identifying & Reporting Facility Maintenance Requirements) - available on TDCJ Mainframe Infopac YES NO N/AE. "TDCJ Procurement Card Manual" - available on TDCJ Mainframe Infopac YES NO N/AF. Facilities Division "Preventive Maintenance Program Manual & Updates" - available from Facilities Maintenance Department Headquarters YES NO N/AG. Facilities Division "Guide Line For Managing Projects Constructed By The Maintenance Department" YES NO N/ACOMMENTS: Division-Level Operational Review only

METHODOLOGY: Review each publication to determine if it is current. A. Prior to the review, go to TDCJ Intranet, select Facilities Division web site, click on Policies, select Maintenance SOPs, Click on FDM Table of Contents & print copy. If TDCJ Intranet is not available, contact Facilities Maintenance (936/437-7342) and

## III. FACILITIES (Maintenance)

## 13. MAINTENANCE MANAGEMENT

request a copy of this index. Compare index, including revision dates, with each on-hand FDM to verify it is current. B. - E. Prior to the review, go to TDCJ Mainframe Infopac and print 1st page of each policy/manual. Compare revision dates on these pages with each on-hand policy/manual to verify it is current. F. Prior to the review, contact Facilities Maintenance (936-437-7342) and request a copy of the PM Manual Table of Contents by Subject. Compare this with the on-hand Table of Contents by Subject to verify it is current. Per FDM-05.06, the PM Manual is not complete unless a copy of the unit developed and Region reviewed annual PM Schedule is filed in the manual. Written verification of Region review is required. G. Initial distribution by Facilities Maintenance at the time of the Division Level Operational Review & a maintenance department responsibility thereafter.

13.03 Does the department have a Generator Refueling Plan that includes:  
(FDM-05.24 Rev. 01)

A. Amount of fuel consumed under $\frac{3}{4}$ load per hour?	YES	NO	<u>N/A</u>
B. Fuel tank capacity?	YES	NO	<u>N/A</u>
C. Resources available for refueling?	YES	NO	<u>N/A</u>

COMMENTS: Division-Level Operational Review only

METHODOLOGY: Verify plan complies with TDCJ policy to include A. Amount of fuel consumed under  $\frac{3}{4}$  load conforms to standards in FDM-05.24, (Attachment A). B. Fuel tank capacity is properly computed ( $H' \times W' \times L' = \text{cu. ft.} \times 7.48 = \text{Gallon Capacity}$ ). C. Description of resources available to transfer fuel from a refueling source to individual generators (i.e., tractor, fuel trailer, bulk tank, etc.) and estimate as to the time required to obtain replacement fuel.

## III. FACILITIES (Maintenance)

Unit Hutchins

## 14. REFRIGERANT MANAGEMENT

Name Sgt. Jason Shilwell - Operational Review Date April 10-11, 18, 2012NOTE: This section applies to Refrigerant Management in the Unit Maintenance Department Only14.01H Refrigerant security and availability:  
(FDM-05.09) [ACA 4-4215M]

- A. Is accountability established for all disposable and non-disposable cylinders purchased within twelve months of the operational review date? ☒ YES NO N/A
- B. Is refrigerant stored in a secure area preventing access by unauthorized personnel? ☒ YES NO N/A

COMMENTS: Obtained report in Automated Maintenance System - I inspected refrigerant storage areas and ensured secure, the on-hand balances were compliant with the report.

METHODOLOGY: A. In Automated Maintenance System review report from Report/Reports/Inventory-Part Warehouse Inventory/Part List by Location> Field: drop down box choose, (Inventory CODE)> Comparison: drop down box choose, (equal to) > Compared To: enter ("\*740-55\*"). The report will give you the amount and location of refrigerant and recovery cylinders in stock. B. Inspect all refrigerant storage areas. Check to ensure all disposable and recovery cylinders are secured. Unauthorized personnel are defined as offenders and other than unit maintenance staff. A secure area is defined as behind lock and key.

14.02H Are all non-disposable recovery cylinders hydrostatically tested every five years?  
(FDM-05.09) [ACA 4-4215M]☒ YES NO N/A

COMMENTS: Inspected all recovery cylinders and verified hydrostatic testing date was within 5 years, the date was stamped appropriately.

METHODOLOGY: Inspect all recovery cylinders and verify the most recent hydrostatic testing date is within the last five years. The date should be stamped on the collar of the cylinder (not the cylinder itself).

NOTE: Disposable one time use recovery cylinders do not require testing.

14.03H Does each disposable refrigerant cylinder issued to working stock have:  
(FDM-05.09) [ACA 4-4215M]

- A. A unique number issued in a numeric sequence and ending with the type of Refrigerant (i.e., 98-1-R22, 98-2-R22, etc.) that is marked on the cylinder with a permanent type marker? YES NO N/A
- B. A separate properly completed Refrigerant Usage Log (RS-249)? ☒ YES NO N/A
- C. Copies of work orders attached to Refrigerant Usage Logs documenting the use of refrigerant? ☒ YES NO N/A
- D. Refrigerant Usage Logs (RS-249) signed by the HVAC Technician for empty bottles of refrigerant? ☒ YES NO N/A
- E. Initials of person (HVAC Technicians) using refrigerant on each Refrigerant Usage Log (RS-249) entry? ☒ YES NO N/A

## III. FACILITIES (Maintenance)

## 14. REFRIGERANT MANAGEMENT

COMMENTS: Inspected the Usage Logs that were completed within the past 6 mo. Cylinders are marked correctly, RS-249's are maintained on each cylinder, and work order #'s and usage match. The craftsman signed appropriately.

METHODOLOGY: Inspect disposable refrigerant cylinders and review Refrigerant Usage Logs that were completed within the past six months. A. Verify that cylinders are marked in permanent marker with the "fiscal year - sequence number - type of refrigerant" (Example: 10-1-R22). The cylinder itself must be numbered not the shipping container. B. Verify that, a RS-249 is maintained on each disposable cylinder (with the prescribed number noted on the log) issued to working stock. C. Check entries on RS-249's to verify work order numbers and refrigerant usage match. D. Check to verify the Craftsman has signed the RS-249 once a zero balance is reached. E. Did the person (HVAC Technicians) using refrigerant initial the RS-249 next to the usage entry?

NOTE: If the weight of the cylinder plus contents was noted in the initial log entry, the zero balance on the last log entry must be the weight of the cylinder less contents. If the cylinder contents only were noted in the initial log entry, the balance on the last log entry must be "Ø."

- 14.04H Do all staff and offender technicians who perform work on HVAC sealed systems have the ☒ YES NO N/A required Environmental Protection Agency (EPA) certification? (FDM-05.09) [ACA 4-4215M]

COMMENTS: Mr. Julius Baker - HVAC tech possesses the EPA Certification and it is also on file in the Maintenance Department.

METHODOLOGY: Employee technicians are required to have their certification card (or a copy) in their possession at all times while offender technician certification cards must be on file in the maintenance department. At a minimum, technicians (staff and offenders) must have both Type I and II EPA approved recovery certifications (one or the other is not sufficient to meet the requirement of FDM-05.09). At Units where low-pressure systems are utilized, technicians must have a Universal certification. (i.e., Jester IV, Montford, Estelle, Young, Wynne, Telford, and Marlin VA).

- 14.05H Are disposition reports properly prepared for each refrigerant recovery to include: (FMD-05.09) [ACA 4-4215M]

- A. RS-250 Refrigerant Disposition Report (Attachment B, FDM-05.09) for non- ☒ YES NO N/A contaminated refrigerant?
- B. RS-251 Refrigerant Disposition Report (Attachment C, FDM-05.09) for ☒ YES NO N/A contaminated refrigerant?
- C. Recovered Refrigerant (Attachment D, FDM-05.9 for contaminated or non- ☒ YES NO N/A contaminated refrigerant?
- D. HVAC technician and maintenance supervisor signatures/dates when the contents of ☒ YES NO N/A recovery cylinders are exhausted?
- E. HVAC technician and maintenance supervisor signatures/dates when the recovery ☒ YES NO N/A cylinder is shipped to the vendor?

COMMENTS: Reviewed the RS-250/RS-251 forms and all protocol was followed per policy. Each Log contained the required signatures & accurate information.



**III. FACILITIES (Maintenance)****14. REFRIGERANT MANAGEMENT**

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*METHODOLOGY: A. Verify the RS-250 Refrigerant Disposition Report (Attachment B, FDM-05.09) is completed when non-contaminated refrigerant is recovered from a sealed system and not re-used in the same sealed system with-in 72 hours; ensure all required entries are completed on the form. B. Verify that the RS-251 Refrigerant Disposition Form (Attachment C, FDM-05.09) is completed when contaminated refrigerant is recovered from a sealed system and ensure all required entries are completed on the form. C. Verify that if the Recovered Refrigerant is not used in the same sealed system within 72 hours, that a disposition report (Attachment D, Stock #615-51-05179-2) is completed and attached to the cylinder. D-E. Look in units file for bottles with-in the past year that have been return to vendor for recovery. All One-Shot or one time use recovery cylinders are subject to the use of forms RS-250 and RS-251s and Attachment D per policy FDM-05.09*

**Note:** The One-Shot/One time use recovery cylinders are required to use forms RS-250 and RS-251s.

**Note: (D & E)** If the Maintenance Supervisor is out for an extended period they will designate someone other than the HVAC Technician for signature purposes on RS-250 and RS-251 Forms.

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## III. FACILITIES (Maintenance)

Unit Hutchins

## 15. PROCUREMENT CARD MANAGEMENT

Name Sgt. Jason Shilwell - Operational ReviewDate April 10-11, 18, 2012

NOTE: This section applies to state-operated facilities only.

NOTE: In order to address all the questions in this Section, you must review reconciled procurement card statements and supporting documentation for the prior two months that are completely reconciled.

- 15.01H Are all unit maintenance department tool procurement card purchases or acquisitions ☒ YES NO N/A approved by the warden or designee prior to purchase or acquisition? (AD-03.19) (TDCJ Procurement Card Manual)

COMMENTS: Reviewed FDM 01-01 Attachment A, reconciled procurement card statements and supporting documentation for the prior 2 months. The documentation was signed by the Warden or Designee.

METHODOLOGY: Review Material Request Form FDM-01.01, Attachment A, (Rev. 02) "Warden/Dept. Head Approval" section from reconciled procurement card statements and supporting documentation for the prior two months that are completely reconciled.

- 15.02 Were parts/tools/equipment/materials purchased brought into inventory? YES ☒ NO N/A (Automated Maintenance System User Manual) [ACA 4-4037]

COMMENTS: Reviewed "Parts Order and Receive" documentation, several items purchased had not been brought into inventory.

METHODOLOGY: See attachment Verify that parts/tools/equipment/materials were brought into inventory by reviewing a "Parts Order and Receive" report or go into the inventory to view receiving of stock number.

- 15.03 Does the department ensure that each item purchased: (AD-14.53) (TDCJ Procurement Card Manual) (FDM-01.11; FDM-05.09; FDM-05.11) [ACA 4-4037; ACA 4-4038]

- A. Is an authorized item? ☒ YES NO N/A
- B. Had prior documented Facilities Division Maintenance Headquarters ☒ YES NO N/A authorization, if required?
- C. Is compatible with the detailed description on the associated work order? ☒ YES NO N/A
- Note: This question applies only to items not purchased for stock.
- D. Is documented on a Material Request Form FDM-01.01, Attachment A, (Rev. 02) ☒ YES NO N/A November 01, 2009.

COMMENTS: Reviewed the "unauthorized item list" and reviewed purchases and ensured all items purchased were consistent to the dept. function. Reviewed files and ensured prior approval was obtained for purchases and was documented correctly.

METHODOLOGY: A. Review the 'unauthorized item list' in the current Maintenance Procurement Card Program General Information Guide to verify none of the items purchased is on the list and the items purchased were legitimate to the department function. B. Review files to verify that prior Facilities Maintenance authorization was obtained for refrigerant (commodity code 740-55) and commercial or security locking hardware (commodity codes 450-55 and 680-72) prior to the purchase. E-mail authorization is acceptable. C. Compare the detailed description of work on the associated work order for the specific item purchased to determine if it is compatible (i.e., pane of glass to repair a broken window but not gravel to repair storage

III. FACILITIES (Maintenance)

15. PROCUREMENT CARD MANAGEMENT

building roof). D. Ensure the Material Request Form FDM-01-01, Attachment A, (Rev. 02) November 01, 2009 is used no other form is authorized.

NOTE: Use the same group of records selected for 15.01 above.

- 15.04 Does each reconciled monthly statement reviewed have supporting documentation for ☒ YES NO N/A  
each transaction?  
(AD-14.53) (TDCJ Procurement Card Manual) (FDM-01.11; FDM-05.09; FDM-05.11)

COMMENTS: Reviewed credit card statements and supporting documentation. I verified that documentation is retained for each transaction.

METHODOLOGY: Review credit card statements and supporting documentation. Verify that the following supporting documentation is available in the department for each transaction: Charges: any of the following - receipt, invoice, packing slip, picking ticket or any other vendor supplied document that provides an itemized listing of items purchased. A vendor's stock number is acceptable as an itemized listing. If the vendor does not supply any documentation for transactions, the "Telephone Order Form" is an acceptable substitute. Credits: Any documentation noting the source of or reason for the credit is acceptable. Examples include credit slip supplied by the vendor, a copy of the original charge with a notation detailing the returned item(s) and/or a copy of the disputed charge form.

## III. FACILITIES (Maintenance)

Unit Hutchins

## 16. AD-10.20 PROGRAM MANAGEMENT

Name Sgt. Jason Shilwell - Operational ReviewDate April 10-11, 18, 2012

- 16.01 Are Daily Inspection Logs (AD-84s) properly completed for each workday?  
(AD-10.20) [ACA 4-4218]

YES ☒ NO ☐ N/A

COMMENTS: Ensured the current AD-84 and AD-10.20 Policy (rev.7) are available for use. Reviewed Food Service, Laundry and Housing areas A1-F Bldg.'s. All areas had documentation for each day on file.

METHODOLOGY: Verify the AD-10.20 Representatives are documenting their inspections and recording their deficiencies on the current Daily Inspection Log (AD-84) attached to the AD-10.20 Policy (Rev.7) dated December 19, 2007 (Attachment A). A Daily Inspection Log (AD-84) is required for each workday. All blank spaces, except those designated "Maintenance Use Only," must be completed. Review Food Service, Laundry and the AD-10.20 Representative will randomly select one offender housing location.

NOTE: If a unit does not have a Laundry select another department i.e. Medical, Commissary, etc.

Request their Yearly Work Order Log (YWOL) and Daily Inspection Log for the previous month. Review these documents in order to respond to Checklist questions.

- 16.02 Are Yearly Work Order Logs (YWOLs) properly completed?  
(AD-10.20) [ACA 4-4218]

YES ☒ NO ☐ N/A

COMMENTS: Reviewed YWOL's on each department listed above. Housing areas A1-F YWOL last documentation was from 3/29/12.

METHODOLOGY: Verify the deficiencies reported on the Daily Inspection Log (AD-84) are also reported on the current Yearly Work Order Log (YWOL) attached to the AD-10.20 Policy (Rev.7) dated December 19, 2007 (Attachment B). Verify the Work Order Number, Date Issued, and Priority from the Daily Inspection Logs returned from maintenance are transferred to the Yearly Work Order Log. The Deficiency Description on the Yearly Work Order Log shall be similar to that on the Daily Inspection Log but does not have to be identical. Maintenance will provide weekly reports to the AD-10.20 Representatives for use in weekly reconciliation of the YWOL. Verify Department Supervisors document completion of weekly inspections by initialing the Yearly Work Order Log.

NOTE: With regard to Department Supervisor initials, weekly is defined as from Sunday to Saturday. Inspections can be conducted on Monday one week and on Friday the following week. While this period includes more than seven days, it is acceptable based on the above definition of weekly.

- 16.03 Does the Maintenance Department complete the "Maintenance Use Only" section of the department's Daily Inspection Log (AD-84) with the "Work Order Number", "Date Issued" and "Priority" and returns it to the department so that the information can be transferred to the Yearly Work Order Log?  
(AD-10.20) [ACA 4-4218]

YES ☒ NO ☐ N/A

COMMENTS: Verified the Maintenance Department has recorded the appropriate information in the "Maintenance Use Only" section.

METHODOLOGY: Verify the Maintenance Department has recorded the Work Order Number, Date Issued and Priority for newly identified deficiencies in the "Maintenance Use Only" section of the department's Daily Inspection Logs (AD-84s) returned to the department AD-10.20 Representatives.

ATTORNEYS EYES ONLY

## III. FACILITIES (Maintenance)

Unit Hutchins

## 17. Major Work Request (MWR) MANAGEMENT

Name Sgt. Jason Shilwell - Operational ReviewDate April 10-11, 18, 201217.01H Are all major construction and alteration projects authorized?  
(BP-10.05; ED-10.06) [ACA 4-4028]YES NO N/ACOMMENTS: None at this time

*METHODOLOGY: Major construction and alteration projects are those with a cost of \$1,000 or more. Review period will be from the last audit to present, review the following automated maintenance system reports for unauthorized major construction and alteration projects performed: Work Orders Coded to UNT and HVS; Part Costs and Additional Charges Greater Than/Equal to \$500.00; Parts Issued Without a Work Order. During the review visually observe for obvious projects that were completed or are in progress without prior MWR approval. If a project is observed then review CMMS "Major Work Request Projects" and interview Unit Maintenance Supervisor, Office Administrator, or other unit staff.*

17.02H Are all minor alterations or minor construction projects authorized?  
(ED-10.06) [ACA 4-4028]YES NO N/ACOMMENTS: None at this time

*METHODOLOGY: Minor alteration and minor construction projects are those with a cost less than \$1,000. These projects require a DM approved by the Regional Director. Review period will be from last audit to present, review the following automated maintenance system reports for unauthorized minor alteration and minor construction projects performed: Work Orders Coded to UNT and HVS, Part Costs and Additional Charges Less Than \$500.00; Parts Issued Without a Work Order. Conduct a visual inspection of the unit for obvious projects that were completed or are in progress without prior DM approval. Interview Unit Maintenance Supervisor, Office Administrator, or other unit staff.*

III. FACILITIES (Maintenance)

Unit Hutchins

18. EQUIPMENT MANAGEMENT

Name Sgt. Jason Stilwell - Operational Review

Date April 10-11, 18, 2012

NOTE: This section applies to the Division-Level Operational Review only.

18.01H PLUMBING – Gas Distribution  
(FDM-05.25)

A. Are Pressure Reducing Valves and associated gas lines free of leaks? YES NO N/A

B. Are gas lines properly labeled and color coded? YES NO N/A

Mandatory PMs Pressure Reducing Valves Gas/Air Substation (1544-PRV03Q)

COMMENTS: Division - Level Operational Review only

METHODOLOGY: Review automated maintenance system Report "Item Equipment Type/Location" using the acronyms: "PRV" – Pressure Reducing Valve (gas only), and check equipment to determine responses to the above questions. A Visual inspection as well as use of a combustible gas detector is required. B Verify gas lines are identified by color coded labels (black letters on yellow background).

NOTE: A-B Number of items checked will be 10% but no less than 1.

18.02 ELECTRICAL - Security Surveillance Systems (Cameras, Monitors, Video Switching Units and Perimeter/Pole Mounted Lights)  
(FDM-05.23 Rev. 05; FDM-05.28) NON-CRITICAL PM'S - CAMERAS, MONITORS (2355-TVM01S), AND VIDEO SWITCHING UNITS (2360-VSU01S)

A. Are cameras identified and numbered in accordance with TDCJ policy? YES NO N/A

B. Are monitors showing clear and viewable images from camera locations? YES NO N/A

C. Are video switching units scanning programmed camera locations? YES NO N/A

D. Are pole mounted lights identified and numbered in accordance with TDCJ policy? YES NO N/A

E. Are pole mounted lights identified on a map developed by unit maintenance? YES NO N/A

COMMENTS: Division - Level Operational Review only

METHODOLOGY: A, B, C Review automated maintenance system Report "Item Equipment Type/Location" using the acronyms: "CMR" – Camera. Randomly check the required amount of cameras for correct identification in accordance with TDCJ policy, "TVM"- Television Monitor for viewable images, and "VSU"- Video Switching Units to ensure units are scanning programmed camera locations. A visual inspection is required. D & E visually inspect the required amount of poles with mounted lights to verify numbers are stenciled in a contrasting color and large enough to be easily visible from the perimeter road or other observation point. Verify that a map identifying all pole mounted lights is maintained by unit maintenance and confirm that the stenciled number and location of the visually inspected poles agrees with the information on the map.

Note: A – C Number of items checked will be a minimum of 10% but no less than 1.  
D – E Number of poles checked will be a minimum of 25%.



ATTORNEYS EYES ONLY

SM-01.23

Attachment A

## OPERATIONAL REVIEW SERGEANT'S REPORT

Unit: Hutchins State Jail Review Conducted: April 6, 2012  
(Month/Day/Year)Functional Area Reviewed: Manufacturing and LogisticsManual Chapter and Section Reference: Chapter VI sections 1-6Total 'Applicable' Checklist Questions: \_\_\_\_\_ (    High +   0   Other)

- **INTRODUCTION:** None of the Manufacturing and Logistics checklist questions apply to this facility.

- **FINDING(S)** NONE

<i>Finding 1</i>				
	<b>ACTION STEPS</b> (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)	<b>PERSON/DEPT. HEAD RESPONSIBLE</b>	<b>TARGET DATE</b>	<b>DATE COMPLETED</b>
1.				
2.				
3.				

**ATTORNEYS EYES ONLY**

SM-01.23

Attachment A

# **OPERATIONAL REVIEW SERGEANT'S REPORT** (cont.)

- **SUMMARY:** All policies and procedures at the Hutchins Unit have been changed to match the Agencies updates.
- **OPERATIONAL REVIEW SERGEANT:**

Sgt. Jason Stilwell  
(Print Name)


 4/6/12  
(Signature/Date)

**Justification for Late Submission by Operational Review Sergeant:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- **WARDEN:**

**JEFF PRINGLE, WARDEN**  
(Print Name)

 4-30-12  
(Signature/Date)



Attachment: Completed checklist(s)  
Copy: File  
Unit-level Department Head

**OPERATIONAL REVIEW SERGEANT'S REPORT**

Unit: Hutchins State Jail Review Conducted: April 23, 2012  
 (Month/Day/Year)

Functional Area Reviewed: Offender Grievance

Manual Chapter and Section Reference: Chapter I section 2

Total 'Applicable' Checklist Questions: 18 (0 High + 18 Other)

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• **INTRODUCTION:**

For this audit I reviewed a sample of 30 Step 1 Grievances and ensured that the Issue codes in Appendix D of the OGOM were appropriately assigned to the grievances inspected. I interviewed Mrs. Adra Scott-Burger and reviewed documentation ensuring that employees listed on a grievance are not part of the investigation. I ensured all grievances reviewed were processed correctly according to the OGOM and contained the signed and dated signature authority. I checked the GR00 "19" screen and ensured each grievance was entered into the system and updates made as needed. I checked the close dates for grievances reviewed on the GR00 "19" screen and ensured timeframe's were adhered to. I compared the grievance response to the issue presented by the offender, requested remedy, and the suggested response documented on the OG-01, all responses were appropriate. I cross-referenced the outcome codes against Appendix E, compared the code on the OG-01 to the computer and they were compliant. I interviewed Ms. Scott-Burger concerning Record Retention procedures, and reviewed grievance against GR 00 "19" screen. The last email from CGO for purging was November 2011. I reviewed all grievances that were screened and ensured screening criteria, documentation and entries entered into GR00 computer system correctly. I inspected the grievance collection boxes throughout the facility and ensured locked. I interviewed Ms. Scott-Burger concerning records confidentiality and she confirmed the procedures. I reviewed 20 Step 2 Grievances and ensured they were reviewed for emergencies, date stamped, entered into the database and forwarded as needed. I interviewed 10 Unit Staff Members and 15 Offenders in different housing areas/custody levels concerning grievance procedures.

• **FINDING(S)**

**ATTORNEYS EYES ONLY**

SM-01.23

Attachment A

<i>Finding 1</i>			
<b>ACTION STEPS</b> (List all steps that have been or will be taken to correct the finding. Use as many as necessary.)	<b>PERSON/DEPT. HEAD RESPONSIBLE</b>	<b>TARGET DATE</b>	<b>DATE COMPLETED</b>
1.			
2.			
3.			

### OPERATIONAL REVIEW SERGEANT'S REPORT (cont.)

- SUMMARY:**

The Hutchins Unit Grievance Department is doing a great job remaining in compliance with Agency standards. The documentation reviewed during the inspection has improved since the last review. Ms. Scott-Burger is an asset the Hutchins unit and is encouraged to keep up the good work.

- OPERATIONAL REVIEW SERGEANT:**


Sgt. Jason Stilwell \_\_\_\_\_  
(Print Name)

 4/24/12  
(Signature/Date)

Justification for Late Submission by Operational Review Sergeant: \_\_\_\_\_

- WARDEN:**

JEFF PRINGLE, WARDEN  
(Print Name)

 4-30-12  
(Signature/Date)

Attachment: Completed checklist(s)  
Copy: File  
Unit-level Department Head

UNIT: HutchinsDATE: April 23, 2012

## I. ADMINISTRATIVE REVIEW &amp; RISK MANAGEMENT (Offender Grievance Program)

## 2. OFFENDER GRIEVANCE PROCEDURE

(BP-03.77; AD-03.82; Offender Grievance Operations Manual [OGOM],  
GR00 Case Tracking System; TDCJ Records Retention Schedule)  
[ACA 4-4248, 4-4284, 4-4394]

The checklist questions noted with an asterisk (\*) also apply to Offender Transportation (2.02, 2.03, 2.04, 2.05, 2.06, 2.07, 2.08, 2.09, 2.12, 2.15, 2.16).

For checklist questions 2.01 – 2.10, a sample of grievance investigations completed up to the previous 180 day period are selected based on the unit's maximum capacity, as noted below. If unsure about the unit's capacity, refer to the "Unit Profiles" published by Executive Services.

Small Units with a capacity up to 1000 offenders	20 grievances
Medium Units with a capacity of 1001 - 2000 offenders	30 grievances
Large Units with a capacity of 2,001 or more offenders	50 grievances

The sample of grievances to be reviewed shall include at least one from each of the ten broad subject areas listed below:

000 – Emergency / Protection Issues / Specialty	500 – Facility Operations
100 – Religion	600 – Medical
200 – Classification	700 – Legal
300 – Communication	800 – Staff Complaints
400 – Disciplinary	900 – Miscellaneous

Contact the Unit Grievance Investigator (UGI) in advance to request the UGI retain copies of Step 2 grievances forwarded to the Central Grievance Office (CGO) for two weeks prior to the review, or until 20 copies are obtained, in order to answer checklist question 2.15. Generate a closed grievance report from the GR00 "26" screen, option 01, option 05 for unit level reviews and bi-annual reviews. Request the previous 90 day period for medium to large units and the previous 180 days for small units to acquire the number noted above. Enter the "INCIDENT UNIT"; "FROM DATE"; and "TO DATE" fields; then press F6 to process the request. A "Report Complete" system message will display. Print the report from "infopac" within 30 minutes. Only one report may be requested per day. The UGI can process this report for the reviewer.

- 2.01H Are grievances determined to involve protection issues (sexual abuse, sexual assault, fear of another offender, fear of staff, extortion, medical emergency) processed as an emergency in accordance with agency policy?

YES NO N/ACOMMENTS: None at this time

**METHODOLOGY:** Emergency grievances are EXEMPT from all screening criteria and emergency grievances are not eligible for time limit extension. Interview the grievance staff regarding the procedures for processing emergency grievances (Codes 000, 001, 002, 003, 007, 008, 009, 011, 012, 014 and 015). Allegations of sexual harassment (010 and 013) are handled administratively. Review the OG-01 Grievance Investigation Worksheets attached to the grievance. The unit classification chief and major are notified for 000, 001, 007 and 014 grievances; the warden for 002 and 015; the warden, unit safe prisons coordinator and the Office of the Inspector General (OIG) for 008, 009, 011 and 012 grievances in accordance with the Safe Prisons Plan. The required notifications shall be accomplished by mainframe email followed by a telephone call to the highest-ranking security supervisor on duty to notify them of the claim. A copy of the email, listing the names of the recipients, will be attached to the grievance investigative documentation. Medical emergencies (Code 003) are immediately forwarded to the health services administrator, unit practice manager, director of nursing or nurse administrator. The **Emergency Checklist** is a tool that was developed to assist staff in identifying emergency issues presented in a grievance when not presented clearly. The checklist consists of five questions and provides staff a consistent, systematic and efficient method of identifying when a grievance should be processed as an emergency grievance. If the answer to even one question on the checklist is "YES", then the grievance is processed as an emergency grievance. If all questions are answered "NO", then the grievance is coded the best way to describe the offender's complaint and processed as a regular grievance.

**I. ARRM (Offender Grievance Program); 2. Offender Grievance Procedure**

\*2.02 Are correct issue codes used to identify the nature of the offender's complaint?

COMMENTS: Referred to issue codes located in Appendix D and compared issues presented with code. All grievances reviewed were appropriate ☒ YES ☐ NO ☐ N/A

**METHODOLOGY:** Refer to the issue codes located in Appendix D. Compare the issue presented in the grievance with the code referenced. Ensure the issue code applied reflects the issue presented in the grievance, as well as the action requested by the offender. Additional codes may be used when there are significant secondary issues arising out of the same incident.

\*2.03 Are grievances about specific staff members investigated by staff other than those named in the grievance?

COMMENTS: Interviewed Ms. Adra Scott-Burger and reviewed documentation. All grievances reviewed were investigated appropriately. ☒ YES ☐ NO ☐ N/A

**METHODOLOGY:** Interview grievance staff and review investigative documentation. Staff that are involved in the subject matter presented in the grievance are **NOT** to participate in the investigation or resolution of the grievance, to include the signature authority. In situations where the Major is the signature authority, ensure they were not involved in the subject of the grievance, for example a disciplinary case appeal. Ensure they were not involved in any aspect of the disciplinary case (charging officer, approving supervisor, grading official).

\*2.04 Are Specialty Grievances:

A. Processed according to guidelines established in the OGOM?

☒ YES ☐ NO ☐ N/A

B. Signed and dated by the appropriate signature authority?

☒ YES ☐ NO ☐ N/A

COMMENTS: All grievances reviewed were processed correctly and contained the signed and dated signature authority

**METHODOLOGY:** All screening criteria, except #2 apply for specialty grievances. Specialty grievances are non-emergency grievances that require prompt attention and consist of the following:

- Americans with Disabilities Act (ADA) complaints (code 004).
- Impermissible conduct by offenders, formerly known as SSI complaints (code 005).
- Religious issues, claiming a burden on the free exercise of religion (codes 100, 101, 102, 104, 112).
- Health care issues related to access or quality of care, all medical codes, except 600 – 606 and 673.
- Access to Courts issues (codes 700, 701, 702, 703, 704, 705, 706, 707, 709, 710, 711, 712, 713).
- Allegations of use of force, criminal acts by staff, or harassment and retaliation for exercising access to courts rights (codes 800, 801, 802, 803, 804, 805, 806, 811).
- Grievance staff and grievance procedure issues (codes 903, 904, 910).

The unit-level proponent for the specific functional area, such as the unit risk manager, chaplain, operational review sergeant, unit safe prisons program coordinator investigates specialty grievances and provides a suggested response. Only a copy of the "narrative portion" is provided to the unit-level proponent. The health services administrator, unit practice manager, director of nursing or nurse administrator, as appropriate is the signature authority for medical grievances and the warden acknowledges their review by writing their initials on the front left-hand corner of the original form. In the case of multiple issue grievances, such as a food service issue and a medical issue, responses provided and signed by medical staff are copied verbatim from the suggested response documented on the OG-01 and the warden is the signature authority. Once a grievance is signed by the appropriate signature authority, the UGI will date stamp the form on the signature date line. Specialty grievances relating to OIG issues, such as use of force, criminal acts by staff, retaliation for use of the grievance procedure, or access to courts are processed according to the guidance found in Chapter IV of the OGOM. Discrimination issues are considered specialty grievances; however, are generally investigated by the UGI.



**I. ARRM (Offender Grievance Program); 2. Offender Grievance Procedure**

- \*2.05 Are all grievances eligible for processing entered into the GR00 Case Tracking System on the date received, and updated as each stage of the grievance procedure is completed?

COMMENTS: checked the GR00 "19" screen and ensured each grievance was entered into the system and updates made as needed.

METHODOLOGY: Check the GR00 "19" screen to ensure that each grievance was entered into the tracking system on the date received and updated as each stage of the grievance procedure is completed, as well as checking to ensure that the subject and comment fields are completed.

- \*2.06 Time limits for Step 1 grievances begin with the "received date":

- A. Was the investigation completed within 40 days, or 30 days for disciplinary appeals, or by the due date with extension? ☒ YES NO N/A
- B. Was an extension applied prior to the original grievance due date? ☒ YES NO N/A
- C. Were the extensions entered into the GR00 Case Tracking System? ☒ YES NO N/A
- D. Was a "Notice of Extension" forwarded to the offender and a copy attached to the grievance investigative documentation? ☒ YES NO N/A

COMMENTS: checked the closed dates for grievances reviewed on the GR00 "19" screen and ensured timeframes were adhered to.

METHODOLOGY: Emergency grievances are not eligible for time limit extension. A. Check the closed dates for the grievances reviewed on the GR00 "19" screen to ensure adherence with the 40-day time limit, the 30-day time limit for disciplinary appeals, or the time limit was met with an extension. B. Grievance staff is authorized one 40-day extension per grievance prior to the due date when needed to complete an investigation and may be applied to a grievance on the actual date the grievance is due. C. Review the GR00 "19" screen for grievances that have been extended to ensure proper notation in the extension field. D. Review files to ensure each grievance that was not closed by the actual due date was extended with the appropriate Notice of Extension (Appendix M) forwarded to the offender and a copy is included with the file copy of the grievance.

- \*2.07 Does the Step 1 grievance response address the issue presented by the offender?

COMMENTS: Compared the grievance response to the issue presented by the offender, requested remedy, and the suggested response.

METHODOLOGY: Compare the Step 1 grievance response to the issue presented in the grievance, the offender's requested remedy, and the suggested response documented on the OG-01. Responses are to be factual, informative, address the issue presented, and provide closure. Standard responses are unacceptable. Responses are not to be sarcastic, threatening or antagonistic towards the offender. If multiple issue codes are assigned to the grievance, each code should be addressed in the response. The investigative documentation attached to the file copy of the grievance is to support the response. documented on the OG-01. All responses were appropriate.

- \*2.08 Is the outcome code assigned to each grievance based on the action taken and the response provided to the offender?

COMMENTS: Cross referenced the outcome codes against Appendix E. Compared the code on the OG-01 to the computer and they were compliant.

METHODOLOGY: Refer to the outcome codes and their definitions listed in Appendix E of the OGOM. The outcome code is to reflect the action taken as a result of the grievance. Compare the outcome code written on the OG-01 and entered on the GR00 "19" screen to the response provided to the offender:

D – No Action

H – Grievances Screened and Returned to the Offender for Correction and Resubmission

R – Resolved

T – Referred to the Office of the Inspector General (OIG) for Appropriate Action

U – Grievance Included With the Use of Force Report for Review

O – Referred to Employee Relations

## I. ARRM (Offender Grievance Program); 2. Offender Grievance Procedure

\*2.09 Are the following documents completed and attached to the file copy of the grievance, as applicable:

- A. "Office Use Only" box of the Step 1 grievance? ☒ YES NO N/A
- B. OG-01 Grievance Investigation Worksheet? ☒ YES NO N/A
- C. The "Supervisor Comment" section is completed, signed and dated? ☒ YES NO N/A
- D. All documents reviewed that supports the investigation? ☒ YES NO N/A
- E. Written statements from staff or offenders that includes a signature and date? ☒ YES NO N/A
- F. Step 1 grievance signed and dated by the signature authority? ☒ YES NO N/A

COMMENTS: Reviewed Step 1 grievances in the "Office Use Only" section, reviewed OG-01 for complete entries. Reviewed attached supporting

METHODOLOGY: A. Review the I-127 Step 1 grievance for proper completion of the "Office Use Only" Section (grievance #, date received, date due, grievance code, investigator ID #, extension date, date returned to offender). B. & C. Review OG-01's for complete entries: Unit; invest #; date initiated; date completed; date due; offender name; TDCJ #; grievance #; issue code; emergency (yes/no); Specialty Grievance; summary of issue; requested remedy; summary of fact finding activity; suggested response to offender; outcome code; completed by (name, title, signature, date); Warden/Designee (no action warranted, protective custody, refer to the OIG, cell change/transfer, administrative action, signature and date). D. All documents supporting the investigation are to be attached to the grievance, such as tracking rosters; recreation logs; offender property forms; policies; written unit rules; Disciplinary Worksheet and Document Checklist; Disciplinary Hearing Record; Emergency Checklist; Property Claim Checklist; Property Settlement Agreement; Monetary Reimbursement Agreement; Notice of Extension; Documents and Forms Required for Investigation of Medical Grievances; Fact Sheet for OIG investigations; Use of Force Cover Letter; Staff Use of Slurs or Hostile Epithets Referral; Offender Protection Investigations; English translation for grievances written in Spanish; and any other forms, as applicable. E. Written statements from staff or offenders are to be signed and dated.

documentation and written statements from staff and offenders.

2.10 Are copies of grievances maintained for three years after the grievance is closed, then disposed of in accordance with the Records Retention Schedule? ☒ YES NO N/A

COMMENTS: Interviewed Ms. Scott-Burke concerning procedures. Reviewed Grievances against GR00 "19" screen. Last email from

METHODOLOGY: The Administrator of Offender Grievances notifies grievance staff via mainframe email regarding the specific purge date for all files not involved in litigation (September and February). Interview grievance staff, review the Records Disposition Log (Appendix Q), and check the offenders' files for the grievances reviewed, as well as 10 inactive files to ensure records are purged. Copies of screened grievances are also maintained in the offender's grievance file for the three year retention period. Review the GR00 "19" screen, specifically the litigation field. If a "Y" appears in that field, the grievance file is NOT to be purged. If there is a recent email litigation request, the file is not to be purged without first contacting the CGO and checking the status of the request. When an offender departs from the custody of TDCJ, the grievance file is maintained at his last unit of assignment.

CGO was November 2011.

See attachment.

2.11 Are current copies of the following documents accessible to offenders:

- A. BP-03.77, "Offender Grievances" and AD-03.82, "Management of Offender Grievances" located in the law library? ☒ YES NO N/A
- B. Instructions "How to Write and Submit Grievances" Form OG-02 (Spanish & English) located in the law library, as well as posted in the housing areas and prominent locations throughout the unit? ☒ YES NO N/A

COMMENTS: Checked the law library and various locations and ensured forms listed were available for offenders.

METHODOLOGY: A. Check the law library for copies of BP-03.77 and AD-03.82. B. Check the law library, offender housing locations, main hallway bulletin boards, and other areas accessible to offenders to ensure the grievance instructions are available. The TDCJ Offender Orientation Handbook, as well as some unit orientation packets for newly assigned offenders contains the OG-02.

## I. ARRM (Offender Grievance Program); 2. Offender Grievance Procedure

\*2.12 For grievances that are screened and returned to the offender unprocessed:

- A. Is the screening criteria applied correctly? ☒ YES NO N/A
- B. Is proper documentation recorded on the grievance forms? ☒ YES NO N/A
- C. Are entries into the GR00 Case Tracking System correct? ☒ YES NO N/A

COMMENTS: Reviewed all grievances that were screened and ensured screening criteria, documentation and entries entered into GR00

METHODOLOGY: Review 20 (or all if less than 20) grievances that were screened and returned to the offender unprocessed. Emergency grievances are **EXEMPT** from all screening criteria. All screening criteria, except #2 apply for specialty grievances. Disciplinary appeals are exempt from screening criteria #2, Submission in excess of one every seven days and #5, No documented attempt at informal resolution. A. Refer to the definitions of the screening criteria discussed in Chapter IV of the OGOM. Ensure the screening criterion listed is consistent with the definition. Check the GR00 "18" screen for grievances screened for #2 "Submission in excess of 1 every 7 days" and check the grievance file for grievances screened for #9 "Redundant" to verify the grievance is a repetitive grievance. B. Ensure the UGI date stamped the grievance at the end of the narrative portion of the grievance and completed the appropriate sections on the back of the I-127 form: marked the appropriate screening criteria in the "Returned because" section; completed the return criteria section; and signed and printed their name on the "UGI Signature" line. Medical grievances that are screened will include the name and signature of the health services administrator, unit practice manager, director of nursing or nurse administrator, as appropriate. C. Review the "19" screen for entries into the GR00 to ensure the appropriate use of the "99" code: the first number of the issue code from Appendix D + 99, such as when the issue code is 500, then the grievance would be coded 599. The subject field shall reflect a brief description of the issue presented in the grievance and the comment field shall reflect a brief summary of the grievance. The criteria noted with an asterisk [\*] are eligible for correction and resubmission.

system correctly See attachment.

2.13 Are offender grievance files:

- A. Kept on the unit of assignment when an offender temporarily departs? ☒ YES NO N/A
- B. Forwarded to the new unit of assignment when an offender is transferred? ☒ YES NO N/A
- C. Entered into the GR00 "24" screen when forwarded to a new unit? ☒ YES NO N/A

COMMENTS: Reviewed the outgoing chain list for previous 60 day period and selected offender names. Checked the criteria listed above and

METHODOLOGY: Review the outgoing chain lists for the previous 60-day period and select 20 offender names. A. Check that the file for offenders who temporarily departed the unit for a medical appointment, crisis management, bench warrant, or similar situations was kept on the unit. For those offenders transferring to a new unit of assignment, check to ensure the file has been forwarded. Review the mainframe "IMF HIST" screen and the "UCR-02" screen to verify an offender was transferred to a new unit of assignment. Merely checking the UCR-11 screen is no longer effective in determining an offender's unit of assignment. C. Review the GR00 "24" screen to determine the date the file was forwarded to the new unit of assignment.

all were compliant. See attachment

2.14 Are offender grievance:

- A. Collection boxes accessible to offenders and kept locked at all times? ☒ YES NO N/A
- B. Records kept confidential and secure at all times? ☒ YES NO N/A

COMMENTS: checked grievance collection boxes throughout the facility and ensured locked. Interviewed Mrs. Scott-Burrow-records confidentiality

METHODOLOGY: A. Check grievance collection box locations, such as adjacent to the dining hall, the main hallway, and housing areas to ensure the boxes are accessible and locked. B. Interview grievance staff and observe the physical layout of the grievance office. Ensure staff "signs off" of the computers when not in use. Original grievances, investigative documentation, and grievance files are to be stored in locked file cabinets or appropriately secured during non-working hours. Keys are restricted to grievance staff and the warden. Review the previous 30-day period of Key Logs to verify restricted access to keys.

and she confirmed procedures.

## I. ARRM (Offender Grievance Program); 2. Offender Grievance Procedure

\*2.15 Are Step 2 grievances received by the UGI:

- A. Reviewed for emergencies? ☒ YES NO N/A
- B. Date stamped in the "UGI Rec'd Date" section and the grievance number and issue code hand-written in the "Office Use Only" box? ☒ YES NO N/A
- C. Translated by a TDCJ certified interpreter, if written in Spanish? YES NO ☒ N/A
- D. Appropriately entered into the GR00 database? ☒ YES NO N/A
- E. Forwarded, with all investigative information from the Step 1 grievance file, to the Central Grievance Office (CGO)? ☒ YES NO N/A
- F. Are completed Step 2 grievances returned to the unit from CGO, entered into Screen 09, Option 02 in GR00? ☒ YES NO N/A

COMMENTS: Reviewed 20 Step 2 Grievances, and ensured they were reviewed for emergencies, date stamped, entered into database and forwarded as needed

METHODOLOGY: Step 2 grievances are collected from offenders in the same manner as Step 1 grievances. Review 20 Step 2 grievances (or all if less than 20) to ensure: A. The UGI reviewed the grievances for emergency situations. B. The UGI date stamped the Step 2 grievance form on the "UGI Rec'd Date" line and wrote the grievance number and issue code on the appropriate lines of the "Office Use Only" box on the front of the form. C. Acquire a list of certified interpreters for the unit. Ensure that grievances written in Spanish were translated into English by a certified interpreter prior to being forwarded to the CGO. D. Review the corresponding GR00 "19" screen entry (Rec'd at unit) to ensure the dates, as well as the grievance number and issue codes are consistent. E. Check that the originals of the Step 1 and Step 2 grievance forms, and copies of the Step 1 investigation documents were forwarded to the CGO. F. Review the GR00 19 Screen in the "Ret to Offender" field to ensure the returned date of the Step 2 grievance to the offender was entered.

see attachment.

For checklist questions 2.16 – 2.19, interviews are to be conducted with 10 unit staff and 15 offenders. Staff interviews are to include security staff, at least one security supervisor and one departmental supervisor. Offender interviews are to include at least one offender from each custody level housed at the unit. A physical inspection (when indicated in the methodology) is to include at least one housing area for each custody level of offender housed at the unit.

\*2.16 Do unit Security and Departmental Supervisors actively participate in the investigation and resolution of grievances that pertain to their area of responsibility?

COMMENTS: ☒ YES NO N/A  
Interviewed Security Supervisors and department heads and reviewed OG-01 documents and they were compliant.

METHODOLOGY: Interview security supervisors and unit department heads, as well as review OG-01's.

2.17 Are grievance forms (I-127, I-128) available to offenders upon request?

COMMENTS: ☒ YES NO N/A  
Interviewed Staff + Offenders concerning availability of forms. Each person interviewed verbal location of forms.

METHODOLOGY: Interview staff and offenders. Grievance forms shall be available to offenders from staff and located in prominent locations on the unit, such as in housing areas, to include Ad Seg; Solitary; Death Row; G5/J5/P5; security stations; and law library. Spanish forms may be kept in the UGI's office for reproduction.



**I. ARRM (Offender Grievance Program); 2. Offender Grievance Procedure**

- 2.18 Are offenders allowed to assist one another as needed, or provided assistance by staff to utilize the grievance?

COMMENTS: Interviewed staff and offenders and they were all knowledgeable of procedures YES NO N/A

METHODOLOGY: Interview staff and offenders to determine if offenders are able to receive assistance in preparing grievances when needed.

- 2.19 Are grievances collected each workday by Grievance Staff?

COMMENTS: Interviewed staff and offenders and they verified the collection procedures non-fri. YES NO N/A

METHODOLOGY: Interview staff and offenders. Offenders are to place their grievances in the collection boxes or hand directly to grievance staff. Security officers are **NOT** authorized to collect grievances unless assigned to the Unit Grievance Office as an alternate grievance investigator.

*all received 4/30/12*

## OPERATIONAL REVIEW SERGEANT'S REPORT

Unit: Hutchins State Jail Review Conducted: April 26-27, 2012  
(Month/Day/Year)

Functional Area Reviewed: Risk Management

Manual Chapter and Section Reference: Chapter 1, section 8

Total 'Applicable' Checklist Questions: 15 (7 High + 8 Other)

• **INTRODUCTION:**

For this audit I began by reviewing all new-employee training documentation for the previous 3-month period and annual training on all employees, as well as supervisor training for the previous 6-month period. I reviewed the Unit specific policy concerning chemicals and inspected chemical storage areas and ensured stored and accounted for appropriately. I reviewed the Unit Fire Plan and ensured table-top and functional drills were conducted appropriately, ensured that Major Emergency Response Plan is secured in the Warden's Conference Room. I verified that a 24-hour Fire Watch Program is approved/implemented and inspected fire-extinguishers-currently replacing on the unit. I interviewed staff members in Central and Line Control concerning emergency keys, and reviewed fire drill documentation. I conducted a fire drill on C1-4 Building, on 4/27/12 starting at 0755am and ending at 0802am-satisfactory drill. I reviewed the lockout/tag out policy and procedure and interviewed Mr. Jerry Pugh-Maintenance Supervisor and URM Mr. Roy Storie concerning GFCI's. I verified PPE use, availability, and ensured in good condition in all departments. I reviewed Hot Weather Training documentation in URM's office, and reviewed temperature logs for 90-day period and ensured compliant. I reviewed CDSO assignments/training documentation and ensured at least 50% of activity of CDSO's at meetings/training. I reviewed URM/Safety Policy for completion and ensured it contained current Warden's Signature. I reviewed the URM's Monthly Summary for the previous 12-month period and they were compliant. I reviewed the make-up of URM Committee and ensured Assistant Warden Balden Polk is the chairperson.

• **FINDING(S)**



**ATTORNEYS EYES ONLY**

SM-01.23

Attachment A

<b>Finding 1-8.02H (A)</b>			
<i>Reviewed documentation on weekly inspections, several shifts/departments missed consecutively. (February 2012-2<sup>nd</sup> shift, 3<sup>rd</sup> shift, G-Building-no weekly's, March 2012-3<sup>rd</sup> shift, G-Building-no weekly's)</i>			
<b>ACTION STEPS</b> <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>	<b>PERSON/DEPT. HEAD RESPONSIBLE</b>	<b>TARGET DATE</b>	<b>DATE COMPLETED</b>
1. The Unit Risk Manager will communicate with the Unit Administration concerning weekly safety inspections and ensure the documents are completed.	Roy Storie-URM	March 27, 2012	
2. This will be monitored for completion by Operational Review Sgt. Jason Stilwell.	Roy Storie-URM	March 27, 2012	
3.			

<b>Finding 1-8.04H (A)</b>			
<i>Reviewed the Major Emergency Response Plan, both books reviewed-Tab J was incomplete.</i>			
<b>ACTION STEPS</b> <i>(List all steps that have been or will be taken to correct the finding. Use as many as necessary.)</i>	<b>PERSON/DEPT. HEAD RESPONSIBLE</b>	<b>TARGET DATE</b>	<b>DATE COMPLETED</b>
1. The Unit Risk Manager will ensure Tab J is completed and placed in the Major Emergency Response Plan in the Warden's Conference Room.	Roy Storie-URM	March 27, 2012	
2. This will be monitored for completion by Operational Review Sgt. Jason Stilwell.	Roy Storie-URM	March 27, 2012	
3.			

# **OPERATIONAL REVIEW SERGEANT'S REPORT** (cont.)

- **SUMMARY:** The Unit Risk Manager Roy Storie is doing a good job keeping the Hutchins Unit in compliance with Agency guidelines. I have seen a great deal of improvement with documentation and organization since Mr. Storie moved into his own office. Mr. Storie was very helpful and knowledgeable and is encouraged to keep up the good work.

- **OPERATIONAL REVIEW SERGEANT:**

Sgt. Jason Stilwell \_\_\_\_\_  
(Print Name)

JS 4/27/12  
(Signature/Date)

**Justification for Late Submission by Operational Review Sergeant:** \_\_\_\_\_

- **WARDEN:**

**JEFF PRINGLE, WARDEN**

\_\_\_\_\_  
(Print Name)

3/17/12  
(Signature/Date)

(20)

Attachment: Completed checklist(s)  
Copy: File  
Unit-level Department Head

*[Handwritten signature]*

Unit: HutchingsDate: April 26-27, 2012

## I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT

8. RISK MANAGEMENT  
(Risk Management Program Manual)

**NOTE:** The following checklist items are NOT applicable to Offender Transportation: 8.01D; 8.04B; 8.07B; 8.11; 8.13; 8.14.

8.01H With regards to unit safety, fire safety, emergency response and risk management training, does the unit: (RM-04) [ACA 4-4220M; ACA 4-4221M; 4-4455M]

- |    |  |            |    |     |
|----|--|------------|----|-----|
| A. | Provide initial unit orientation training for newly assigned staff (uniformed & non-uniformed that includes an overview of the unit Major Emergency Response Plan?       | <u>YES</u> | NO | N/A |
| B. | Provide all employees annual training in fire prevention, suppression and emergency evacuation procedures?   | <u>YES</u> | NO | N/A |
| C. | Risk Manager provide training to department supervisors regarding 'how to' conduct workplace fire and safety inspections?  | <u>YES</u> | NO | N/A |
| D. | Provide newly assigned offenders initial unit orientation information regarding basic safety responsibilities and procedures?  | <u>YES</u> | NO | N/A |
| E. | Risk Manager monitor departmental initial training activities for employees and offenders, to verify training is provided on proper job related safety responsibilities? | <u>YES</u> | NO | N/A |
| F. | Risk Manager monitor departmental monthly safety training for employees and offenders, to verify one-hour of training is provided each month?                            | <u>YES</u> | NO | N/A |

COMMENTS: Reviewed all new employee training documentation for previous 3-month period and annual training records on all employees. Reviewed

**METHODOLOGY:** All records reviewed must indicate training has been provided to staff and offenders. A. Review all new employee's training documentation for the previous 3-month period. Documentation must indicate that the training includes information on the entire Plan (beyond fire prevention, suppression, and evacuation). B. Review the unit's annual fire training documentation. C. Review supervisor training documentation for the previous 6-month period. D. Review 25% of the initial unit offender training documentation for offenders assigned to the unit for the previous 3 month period. E. Review documentation on file in the Unit Risk Manager's (URM) office and on file in all unit departments where offenders have work assignments. Review a total of 25% of the department records for assigned offenders (example: department has 88 assigned offenders, review 22 records). F. Review documentation on file in the URM's office and each individual department for the previous 3-month period.

Supervisor training for previous 6-month period.

8.02H Is there a comprehensive inspection program established, to include: (RM-24) [ACA 4-4212M; ACA 4-4329M]

- |    |   |            |           |     |
|----|---|------------|-----------|-----|
| A. | Department supervisors conducting weekly inspections of their respective work areas and documenting deficiencies?           | YES        | <u>NO</u> | N/A |
| B. | The URM conducting a monthly comprehensive inspection of the unit?  | <u>YES</u> | NO        | N/A |
| C. | Risk Assessment Codes being issued to outstanding deficiencies?   | <u>YES</u> | NO        | N/A |
| D. | No Risk Assessment codes of 1 or 2 deficiencies were identified during the inspections that were not previously documented? | <u>YES</u> | NO        | N/A |

COMMENTS: Reviewed documentation on weekly inspections, several shifts/departments missed consecutively. Reviewed URM Ray Stone's documentation

**METHODOLOGY:** A. Review inspection documentation on file in the URM's office and in all departments for the previous 6-month period (of the 26 weekly inspection documents reviewed in each department, not more than 2 weekly inspections can be missed, and these 2 weeks shall not be consecutive). B. Review the URM's documentation on monthly inspections for the previous 6-month period. C. Review documentation for the previous 6-month period and verify Administrative Directive 10.63 is appropriately utilized to validate severity of identified deficiencies. D. Using the Unit Risk Managers inspection checklist as a guide, conduct a comprehensive inspection of the staff and offender work areas. Identify and document any deficiencies that are considered a Rac 1 or 2 according to A.D-10.63. (Rac 1 is defined as Emergency – Imminent or likely death or imminent serious injury. Rac 2 is defined as Urgent – Possible death, likely on inspections and ensured RAC's are being issued.

## I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT 8. RISK MANAGEMENT

serious injury, imminent moderate injury, minor first aid, or legal action/citation). AD-10.63 "Operational Risk Assessment Program", shall be utilized to effectively categorize noted deficiencies. Any deficiency that is detected during the Operational Review where it is unclear whether a serious risk to personal life safety, health or unit security is present, should be referred to Risk Management Central Office for resolution.

## 8.03H Does the unit have:

AD - 3.16 [ACA 4-4215M]

- A. A written policy and procedure for the storage, control, and use of all hazardous chemicals, that includes a method that accounts for the distribution and accountability of these chemicals? ☒ YES NO N/A
- B. Hazardous chemicals stored with regards to their flammability and/or chemical characteristics? ☒ YES NO N/A
- C. Hazardous chemicals stored in secure areas that are inaccessible to offenders, and are controlled and accounted for? ☒ YES NO N/A

COMMENTS: Reviewed Unit specific policy concerning chemicals, and inspected chemical storage areas and ensured stored and accounted for appropriately.

**METHODOLOGY:** All documentation and inspections must indicate a procedure is in place and functional for the control, distribution and use of hazardous chemicals. A. Review policy to verify it addresses the unit requirements regarding the procedures and practices for hazardous chemicals. B. Inspect chemical storage areas. Verify flammable chemicals are stored in approved flammable storage cabinets. Verify reactive chemicals are stored with regards to their chemical characteristics. Refer to Material Safety Data Sheets (MSDS) for specific chemical storage requirements, if unsure of particular chemicals. C. Inspect chemical storage areas to verify offender access is restricted and controlled and individual chemical accountability logs reflect accurate inventory.

## 8.04H Does the unit have the following items regarding the Major Emergency Response Plan:

(RM-05) [ACA 4-4220M, ACA 4-4221M; ACA 4-4222M]

- A. A risk assessment conducted by the URM that identifies potential threats to the unit? ☒ YES ☐ NO N/A
- B. A current plan that addresses response and evacuation issues, to include a specific Medical Department evacuation plan that addresses ambulatory and non-ambulatory patient evacuation? ☒ YES NO N/A
- C. A detailed unit fire plan, that addresses such issues as response, evacuation, suppression, etc. and has the plan been provided to the local responding fire department? ☒ YES NO N/A
- D. A detailed procedure that specifies means for the immediate release of offenders from locked areas of the unit during an emergency? ☒ YES NO N/A
- E. Documentation of table-top and functional exercises being conducted relating to staff responsibilities and actions during emergency situations? ☒ YES NO N/A
- F. A location for the plan that maintains its "security-sensitive and confidential" nature, allows for employee review, and is readily accessible to senior supervisory staff during periods of emergency situations? ☒ YES NO N/A

COMMENTS: Reviewed the Major Emergency Response Plan, both books reviewed Tab J - incomplete. Reviewed Unit Fire Plan, ensured table-top and functional

**METHODOLOGY:** All documentation must indicate the unit has established a functional Major Emergency Response Plan. A. Review the Plan's Tab J for completion. B. Review the Plan for annual reviews, updates and changes; and, building/room floor plans highlighting emergency exits, paths of travel and areas of refuge. Verify during walk-thru inspection of the unit that Emergency Exit diagrams are conspicuously posted. Verify the Unit Fire Plan. C. Documentation to verify the responding local fire department has been provided a copy, or has at least reviewed the plan. D. Review plan for procedures clearly defining the responsibilities of personnel in emergency situations; to include, the location and identification of keys. In the event the unit utilizes only manual locking systems, a staff plan for manually releasing locks shall be identified. E. Review documentation for the previous 12-month period to verify a minimum of one major emergency tabletop exercise drills were conducted appropriately. The plan is secured in Warden's Conference Room.

EB

## I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT 8. RISK MANAGEMENT

and one functional exercise is conducted each year. Verify both tabletop exercises and full-scale simulations are evaluated in writing, to include recommendations for changes in procedures, equipment, and other similar items. F. Review the location where the Plan is maintained. Copies of specific sections of the Plan may be distributed to appropriate local authorities and any outside agencies or departments on a need-to-know basis.

8.05H With regards to fire protection, suppression and alarms, and staff responsibilities, does the unit:  
(RM-05; RM-17; RM-22) [ACA 4-4211M, ACA 4-4220M, ACA 4-4221M]

- |    |   |            |    |     |
|----|---|------------|----|-----|
| A. | Have either an operable automatic fire/smoke alarm system and/or approved 24-hour fire watch program?   | <u>YES</u> | NO | N/A |
| B. | Inspect fire extinguishers monthly and annually, and service them as required?  | <u>YES</u> | NO | N/A |
| C. | Have fire extinguishers properly distributed and available?   | <u>YES</u> | NO | N/A |
| D. | Have emergency exit keys identifiable by sight and touch?   | <u>YES</u> | NO | N/A |
| E. | Conduct fire drills at least quarterly in all areas/departments/buildings of the unit, including offender-housing areas?  | <u>YES</u> | NO | N/A |
| F. | Ensure staff members are familiar with the fire plan, to include their responsibilities regarding emergency response and are the response times during emergency fire drills within established parameters? | <u>YES</u> | NO | N/A |
| G. | Have a written policy/procedure regarding an established Hot Work Permit program?   | <u>YES</u> | NO | N/A |

COMMENTS: Verified 24 hour fire watch program is approved/implemented. Inspected fire-extinguishers - currently replacing most of the unit. Interviewed staff

**METHODOLOGY:** A. Visually inspect the fire alarm panels to verify the system is functional. If the system is functional, verify that a 24 hour fire watch program is approved to be implemented within 4 hours in the event the system goes down. If the system is not functional review documentation of the 24-hour fire watch program for the previous 6 month period to verify staff members are properly documenting fire watches. Verify the 24-hour fire watch program has an approval letter from the Administrator of the Risk Management Program stating the plan has been accepted. B. During a walk-thru review of the unit, visually inspect all extinguishers for inspection and servicing dates. Of the extinguishers inspected, 97% must show evidence of monthly inspection documentation. C. Review placement and accessibility of fire extinguishers during walk-thru review. (Note: In correction/detention occupancies, fire extinguishers may be maintained in locked locations, as long as staff is knowledgeable of the location of the extinguishers and keys are readily available.) D. Visually inspect emergency keys and interview control picket/central control officer to verify they are knowledgeable of the location and identification of the emergency keys. E. Review documentation for the previous 6 month period and verify a drill has been conducted each security shift in each offender living area (building) at least once per quarter and at least quarterly in all other buildings/work areas. F. Interview 10 staff members (5 uniformed and 5 non-uniformed) to evaluate their knowledge of the fire plan, to include emergency evacuation. Conduct at least one fire drill in an offender living area and evaluate staff response times. Time parameters are: within 2 minutes of notification of the drill to central control, security supervisory staff is notified and emergency response to the affected area commences; and responding staff arrives within 3 minutes or less – prompt response; over 3 minutes, but not in excess of 13 minutes – slow response (noted as an Observation in Review Summary); more than 13 minutes – impractical (noted as a Finding). The drill is to be concluded when the responding staff members open the appropriate housing area emergency exit door. The emergency exit door shall be opened to verify its operability. (NOTE: Offenders need not be evacuated during the drill!) G. Review documentation for the previous 3-month period. Verify through interviews with Unit Maintenance staff and other departments where welding/grinding activities occur that they are aware of the requirements and procedures for obtaining Hot Work Permits.

members in Central/Line Control, reviewed fire drill documentation. Conducted Fire drill - Satisfactory  
(C-4 Bldg) 2:15 am 4/27/12  
e-0802 am



## I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT 8. RISK MANAGEMENT

8.06H With regards to Work Safe Programs, does the unit have policies, procedures and practices that include: (RM-19; RM-20; RM-23) [ACA 4-4455M]

- A. A written lockout/tagout policy and procedure for the isolation of hazardous energy? ☒ YES NO N/A
- B. The utilization of ground fault protection systems to protect staff and offenders from electrical shocks in wet areas (i.e., kitchen, boiler room, etc.)? ☒ YES NO N/A
- C. The mandatory wearing of personal protective equipment (i.e., safety shoes, hearing protection, eye protection, etc.) in required areas, as well as adequate signage posted warning of the potential hazard? ☒ YES NO N/A
- D. Department supervisors ensuring that personal protective equipment (i.e., safety shoes, hearing protection, eye protection, etc.) is provided to staff and offenders and that it is appropriate to protect the user? ☒ YES NO N/A
- E. Department supervisors maintaining personal protective equipment in a sanitary and reliable condition? ☒ YES NO N/A

COMMENTS: Reviewed lockout/tagout policy and procedure. Interviewed Mr. Jerry High - Maintenance, and Mr. Storde - URM concerning GFCI's.

**METHODOLOGY:** All documentation and inspections must indicate the unit has established appropriate Work Safe Programs for all staff and offenders. A. Review unit lockout/tagout policy and procedure to verify it addresses the isolation of stored energy, use of lockout tags and devices and it is specific to the unit and identifies all departments. B. Interview URM and Unit Maintenance Supervisor to determine if the unit is provided with ground fault circuit interrupters (GFCI) and the Maintenance Department utilizes portable GFCI devices when performing work in wet areas. C. Verify the use of PPE and that signage is posted in all areas where the **mandatory** wearing of personal protection equipment (PPE) is required. PPE Definitions: Eyewear, safety shoes, steel toe boots, hard hats, hearing protection, and other types of specified PPE. D. Verify the availability and use of PPE, where it is appropriate and required. E. Visually inspect the physical condition of PPE.

Verified PPE use, availability, and ensured in good condition.

8.07H With regards to temperature extremes in the work place, is: (AD-10.64)

- A. Training for employees conducted each Spring covering hot weather and each Fall covering cold weather? ☒ YES NO N/A
- B. The URM monitoring unit compliance regarding temperature extremes in the workplace? ☒ YES NO N/A

COMMENTS: Reviewed Hot weather training documentation in URM's office. Reviewed temperature logs for 90-day period and ensured compliant.

**METHODOLOGY:** All records must indicate appropriate staff has received training and unit has an effective method of monitoring temperature extremes. A. Review most recent training documentation on file in the URM's office. Verify the unit medical department conducted the training and a medical practitioner has signed the training documentation. Verify a copy of the training documentation was forwarded to the Unit Human Resources Office and the original documentation is maintained in the Unit Medical Department. B. Review documentation (i.e., temperature logs and/or unit procedures) on temperature extremes for the previous 90-day period for completeness and verify appropriate action is taken to reduce temperature exposures during periods of heat and cold extremes. Verify the URM is monitoring temperature extreme compliance through documentation and signature (should not miss more than 9 days of temperature recordings [no more than 3 consecutive]).



## I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT 8. RISK MANAGEMENT

- 8.08 Does the unit have an established Collateral Duty Safety Officer (CDSO) Program, with representation from at least the major unit departments, to include:  
(RM-11)

- A. The CDSO appointment, in writing, by the responsible department supervisor/head? ☒ YES NO N/A
- B. The CDSO receiving training on their responsibilities from the respective department supervisor/head and the Unit Risk Manager? ☒ YES NO N/A
- C. Active participation by the CDSO in the program, such as providing training to employees and offenders, assisting with the investigation of employee and offender accidents, assisting the department supervisor with conducting inspections, etc.? ☒ YES NO N/A

COMMENTS: Reviewed CDSO assignments/training documentation. Ensured at least 50% of activity of CDSO's at meetings/training.

**METHODOLOGY:** A. Review all documentation on CDSO assignments. B. Review all documentation of CDSO training. C. Review documentation for the previous 12-month period. Documentation must indicate at least 50% activity of assigned CDSO's (example: Unit has 25 assigned CDSO's – then not more than 12 should be absent from meetings or training or have documentation indicating non-participation.)

- 8.09 Is there a Unit Risk Management/Safety Policy that reflects the Senior Warden's philosophy regarding compliance with established occupational safety and health, fire and life safety, emergency management standards and risk management procedures?

(ED-10.59; ED-10.61)

COMMENTS: Reviewed URM/Safety Policy for completion and ensured contained current Warden's signature.

**METHODOLOGY:** Review the Unit Risk Management/Safety Policy Statement. The policy statement shall reflect the current Warden's signature. Verify the policy statement is distributed to each department and posted conspicuously throughout the facility on workplace bulletin boards and it is available to all employees and offenders

- 8.10 Does the URM complete a Monthly Summary/Report detailing injury information, inspection results, and other pertinent information, and forward it to the Unit Warden?

COMMENTS: Reviewed URM's monthly Summary for previous 12-month period and they were compliant.

**METHODOLOGY:** Review URM's monthly Summary for the previous 12 month period. Verify the Summary includes detailed information regarding employee and offender injuries, injury trends and information involving inspection activities. There must be documentation for each month indicating the URM has submitted a report/communication to the Warden.

- 8.11 With regards to the Unit Risk Management Committee:  
(RM-09)

- A. Has the Warden appointed a Unit Risk Management Committee with a representative from a selection of the major departments? ☒ YES NO N/A
- B. Is the Committee chaired by the rank of (at least) Assistant Warden, or Major for those units with no Assistant Warden position? ☒ YES NO N/A
- C. Does the Committee meet at least quarterly? ☒ YES NO N/A
- D. Is there a prepared agenda for all meetings, and is it forwarded to the Committee at least one week in advance of the meeting, and are agenda items and other pertinent information adequately addressed? ☒ YES NO N/A

## I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT 8. RISK MANAGEMENT

COMMENTS: Reviewed make-up of URM committee, ensured Assistant Warden Bolden folk is chairperson. Reviewed documentation/agenda for a 12-month period for meetings.

**METHODOLOGY:** All documentation must indicate the Unit Risk Management Committee is functional and meeting as required. **A.** Review documentation regarding the make-up of the Unit Risk Management Committee. **B.** Review the Committee member documentation. **C.** Review documentation of Committee meetings for the previous 12-month period. **D.** Review agenda documentation for the previous 12-month period.

8.12 With regards to compliance with the Americans with Disabilities (ADA) Act, has the Unit Risk Manager: (RM-12) [ACA 4-4142, 4-4169]

A. Conducted an ADA physical premises self-evaluation of the unit, and if so, is the evaluation updated annually or as changes or repairs occur?

☒ YES NO N/A

B. Investigated offender grievances relating to ADA issues?

☒ YES NO N/A

COMMENTS: Reviewed ADA self-evaluation and ensured updated as needed. Reviewed documentation regarding ADA related offender grievances.

**METHODOLOGY:** **A.** Review ADA self-evaluation documentation. For those units where the Risk Management Central Office has conducted an ADA Evaluation, this documentation should be used in lieu of the URM unit self-evaluation. **B.** Review documentation for the previous 3-month period regarding offender grievances. Documentation must indicate the URM is investigating ADA related offender grievances, in accordance with the Grievance Policy.

8.13 With regards to the Alternate Unit Risk Manager: (RM-16)

A. Is there an employee designated/identified as the Alternate Unit Risk Manager or, in the absence of an Alternate Risk Manager, an employee designated to fulfill the responsibilities of the Unit Risk Manager during periods of their prolonged absence?

☒ YES NO N/A

B. Has training been provided to the Alternate Risk Manager (if designated) to ensure that the individual has an understanding of the responsibilities of the position?

☒ YES NO N/A

COMMENTS: Ms. Ronnette Leinhardt - Alternate URM was interviewed and training documentation was inspected and compliant.

**METHODOLOGY:** Documentation must indicate an employee has been identified and trained to assume the basic duties of the URM (i.e., data entry into SI00). **A.** Review documentation on the appointment of the Alternate Unit Risk Manager, or review documentation and interview designee to ensure there is an understanding of the requirements of maintaining the flow of information regarding employee and offender injuries into the SI00 Automated Reporting System. **B.** Review training documentation and interview the Alternate.

8.14 With regards to Community Work Projects does the URM: (RM-13) (AD-7.11)

A. Conduct and document a jobsite and equipment inspection for community work projects and public service programs prior to the initiation of any work?

☒ YES NO N/A

B. Conduct inspections/visits of ongoing projects to ensure the safety of offenders and to ensure that the work is being performed in a safe and efficient manner?

☒ YES NO N/A

COMMENTS: Reviewed inspection documentation of all work projects and ensured conducted as needed/required.

**METHODOLOGY:** Documentation must indicate the URM is involved with the inspection of all Community Work Projects. **A.** Review documentation for the previous 6-month period. **B.** Review documentation of work

## I. ADMINISTRATIVE REVIEW AND RISK MANAGEMENT 8. RISK MANAGEMENT

**NOTE:** → Private facilities are not required to enter 'employee' injury information into the SI00 System.  
→ This checklist item is audited by Risk Management Central Office or Regional Risk Management Supervisory staff during Division-Level Reviews and annually by the Regional Risk Management Supervisor.

8.15 Are employee and offender accidents and injuries adequately investigated, to include:  
(RM-06; RM-30) (ED10.59; ED10.61)

- A. All employee and offender injury information entered into the SI00 Automated Reporting System within 5 business days from the date of injury? ☒ YES NO N/A
- B. Regardless of the date of injury, employee and offender injury information entered into Screen 1 of the SI00 not later than the 3<sup>rd</sup> to last business day of each month? ☒ YES NO N/A
- C. An investigation has been completed and determinations identifying causative factors and recommendations for effective corrective actions? ☒ YES NO N/A
- D. Corrective action being taken (where applicable), and documented on employee and offender injuries by the responsible department/supervisor? ☒ YES NO N/A

COMMENTS: Reviewed documentation on employee/offender injuries and cross-referenced against SI00 computer system - all were compliant.

**METHODOLOGY: A. & B.** For the 3-month period preceding the operational review, generate a report to verify injury information is validated by comparing the date of the injury with the date the information was entered. For any injury investigations that exceeded the 5-day time specification, review documentation on file with the URM to verify if an extension had been granted by the Regional Risk Management Supervisor. Extensions should not exceed 10 business days from the date of the request. Validate Screen 1 injury information to verify its entry is no later than the 3<sup>rd</sup> to last business day of each month regardless of the date of injury. All other injury information for those injuries that occur during the last week of the month is to be entered within the 5-business day time frame. On a 90 day average a unit shall not exceed a 5% ratio on late entries into the SI00 System for employee and offender injuries - formula: # injuries x 5% = error rate (example: based on 12 employee injuries no more than 1 can be entered late and based of 150 offender injuries no more than 7 can be entered late). C. For the 3-month period preceding the operational review, review 25% of employee injuries and 25% of offender work related injuries entered into SI00 and verify an investigation into the accident has been completed and the cause of the accident has been determined and corrective actions were recommended D. For the 3-month period preceding the operational review, generate a report of employee and offender injury investigations and verify corrective action has been taken by the responsible department/supervisor. Review 25% of employee and offender injury investigations comparing the corrective action recommendations and corrective action taken with the documentation contained in the injury investigation to verify appropriate corrective action has been taken. Validate corrective action documentation to verify it is signed by the responsible department supervisor and where applicable the employee or offender. Corrective action must be taken on all employee accidental injuries and all offender occupational (work-related) injuries.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

Inter-Office Communications

TO: Whom it may concern DATE: 04/27/2012  
FROM: Sgt. Jason Stilwell-Operational Review SUBJECT: Risk Management Audit

Chapter 1, section 8  
Checklist Question #8.05F

Staff Members interviewed:

1. Adam Harley COV
2. Max Faurot COIV
3. Donnie Erickson COV
4. Kimberly Moore-Supply
5. Solayman Jobe-Commissary
6. Steve Greene COV
7. Adra Scott-Burger-Grievance
8. Dynertia Bailey COV
9. Rosalyn Bain-Maintenance
10. Ricky Bias-Maintenance

**ATTORNEYS EYES ONLY**

Attachment B

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
**INTER-OFFICE COMMUNICATION****TO:** Carl Mckellar  
Region II  
Monitoring and Standards**DATE:** January 9, 2013**FROM:** Jason Stilwell  
Operational Review Sergeant  
HJ (Unit)**SUBJECT:** Unit-Level Operational Review  
Sergeant's Reports for  
January 2013

FEB 12 2013

Attached are unit-level reviews conducted for the following functional areas:

**REVIEWS SCHEDULED:***Environmental Branch  
Maintenance  
Manufacturing and Logistics  
Offender Grievance  
Risk Management***COMPLETED:***suspended  
suspended  
suspended  
suspended  
suspended**ACA Audit  
January 2013***ELECTIVE – OUTSTANDING ACTION PLANS REVIEWED:***Checklist # 16.01H Agribusiness (Pest Control)  
Checklist #16.04 Barber Shops  
Checklist #13.01H Food Service  
Checklist #13.07 Food Service  
Checklist #14.13 Laundry Service  
Checklist #1.10 Access to Courts  
Checklist #1.01 (a, b) Chaplaincy  
Checklist #1.04 (a, f) Chaplaincy  
Checklist #1.05 (b) Chaplaincy  
Checklist #1.08 (a, c) Chaplaincy  
Checklist #1.10 (b) Chaplaincy  
Checklist #1.15 Chaplaincy  
Checklist #3.01H Confinement Conditions  
Checklist #3.05 Confinement Conditions  
Checklist #3.06 Confinement Conditions  
Checklist #3.07 Confinement Conditions  
Checklist #3.15 Confinement Conditions  
Checklist #3.17 Confinement Conditions  
Checklist #4.02 (a) Facility Lockdowns  
Checklist #5.06 (b, c) Offender Property  
Checklist #5.07 Offender Property  
Checklist #5.08 Offender Property***COMPLETED:***Incomplete  
Incomplete  
Incomplete  
Incomplete  
Incomplete  
January 7, 2013  
Incomplete  
Incomplete  
Incomplete  
Incomplete  
Incomplete  
Incomplete  
January 9, 2013  
January 9, 2013  
January 9, 2013  
January 9, 2013  
January 9, 2013  
January 9, 2013  
January 7, 2013  
January 7, 2013  
January 7, 2013  
January 7, 2013*

**ATTORNEYS EYES ONLY****COORDINATION:**

- Warden:

JEFF D. WARDEN

(Print Name)

 1-14-13  
 (Signature/Date)
Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_**Justification for Late Submission:** \_\_\_\_\_  
 \_\_\_\_\_

- Regional Director:

Judy Enson

(Print Name)

R - 02-09-2013

(Signature/Date)

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_**Justification for Late Submission:** \_\_\_\_\_  
 \_\_\_\_\_

Attachments: (O.R. Sergeant's Reports and completed checklists, attached in the same order as listed above.)

Copy: Unit File



## OPERATIONAL REVIEW ACTION PLAN

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 5.08

Hutchins

I Init

**Finding** (Describe the finding as it is stated in the follow-up report):

Interviewed Sgt. Mary Morris-Property, and inspected entries in the PROP-06 Log books and identified several bench warrant and general confiscations that were non-compliant. (see attachment)

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The Property Officer's will ensure all confiscated offender property is retained for the appropriate amount of time.	COIV Lashonda Robinson, COIV Argimiro Lugo	January 18, 2013	January 7, 2013
The Property Intake Sergeant will conduct random inspections of documentation to verify compliance with policy.	Ms. Sandra Williams-Offender Records Supervisor	January 18, 2013	January 7, 2013
This will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	January 18, 2013	January 7, 2013

Jeff Pringle  
Senior Warden (Print Name)

G. M. P. 1-15-13  
(Signature/Date)

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments: \_\_\_\_\_

d. Jim Erson Reg. 2 Director  
Reviewing Authority (Print Name / Title)

[Signature]  
(Signature/Date)

02-09-2013

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date): \_\_\_\_\_

b. \_\_\_\_\_  
Reviewing Authority (Print Name / Title)

\_\_\_\_\_  
(Signature/Date)

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

## OPERATIONAL REVIEW ACTION PLAN

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 5.07

Hutchins

Unit

**Finding** (Describe the finding as it is stated in the follow-up report):

Inspected samples of PROP-02's, 05's, and 08 forms: identified several PROP-08's that were present in the Property Room but not in the Offenders' unit files. (Guffey, Christopher #1749401, Davis, Xavier #1808609, and Bennet, Christopher #1787059)

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
Upon completion of forms the documentation will be forwarded to Offender Records to be filed in a timely manner.	COIV Lashonda Robinson, COIV Argimiro Lugo	January 18, 2013	January 7, 2013
Upon receipt of the documentation from the Property/Intake department the Offender Records staff will file the forms in a timely manner.	Ms. Sandra Williams-Offender Records Supervisor	January 18, 2013	January 7, 2013
This will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	January 18, 2013	January 7, 2013

Jeff Pringle  
Senior Warden (Print Name)

J. Pringle 1-15-13  
(Signature/Date)

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments)

b. Comments:

d. Tom Eason Regional Director  
Reviewing Authority (Print Name / Title)

RE  
(Signature/Date)

02-09-2013

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date):

b. Reviewing Authority (Print Name / Title)

(Signature/Date)

## TEXAS DEPARTMENT OF CRIMINAL JUSTICE

ATTORNEYS EYES ONLY

ED-02.92  
Form L

## OPERATIONAL REVIEW ACTION PLAN

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 5.06 b,c

Hutchins

I Init

**Finding** (Describe the finding as it is stated in the follow-up report):

Reviewed a sample of PROP-02 forms and verified accuracy, inspected PROP-08 forms and ensured complete and accurate. Inspected the PROP-06 Log books and identified several deficiencies, identified PROP-05 tag on Offender Williams, Tyran NO TDCJ # Listed-Incomplete. (see attachment)

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The Property Officer's will ensure all documentation will contain complete and accurate information.	COIV Lashonda Robinson, COIV Argimiro Lugo	January 18, 2013	January 7, 2013
The Property Intake Sergeant will conduct random inspections of documentation to verify compliance with policy.	Sgt. Mary Morris	January 18, 2013	January 7, 2013
This will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	January 18, 2013	January 7, 2013

Jeff Pro. mple  
Senior Warden (Print Name)

3/11/13  
(Signature/Date)

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments:

d. Jay Brown, Reg. 2 Director  
Reviewing Authority (Print Name / Title)

BE -  
(Signature/Date)

02-09-2013

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date):

b. Reviewing Authority (Print Name / Title)

(Signature/Date)

## OPERATIONAL REVIEW ACTION PLAN

## I. FINDING REQUIRING CORRECTIVE ACTION

**Instructions:** For each uncorrected 'finding' reported at the time of a follow-up division-level review, the Unit Senior Warden shall, within 20 days, develop an 'Operational Review Action Plan' (Sections I & II).

Checklist # 4.02 a

Hutchins

Init

**Finding** (Describe the finding as it is stated in the follow-up report):

I inspected the Unit files and I-216 forms could not be located for Lockdowns on 8/22/12 and 6/6/12.

## II. TASKS / STEPS NECESSARY FOR CORRECTIVE ACTION

**Instructions:** In the order of anticipated completion dates, list the tasks/steps necessary to correct the finding, the staff responsible for completion, target date each is to be completed, and date each is completed.

Tasks / Action Steps	Staff Responsible	Anticipated Completion Date	Date Completed
The Hutchins Unit Captains will ensure that the required documentation will be retained for the Unit files.	Captain Tedral Towery, Captain Kyron Session	January 28, 2013	January 7, 2013
The Hutchins Unit Lieutenants will ensure officers are completing the I-216 forms on a daily basis during the duration of the Lockdown.	Shift Lieutenants	January 28, 2013	January 7, 2013
This will be monitored for compliance by the Operational Review Sergeant.	Sgt. Jason Stilwell Operational Review	January 28, 2013	January 7, 2013

Senior Warden (Print Name)

(Signature/Date)

## III. REGIONAL DIRECTOR / MANAGER / PD REGIONAL SUPERVISOR REVIEW

**Instructions:** The appropriate 'Reviewing Authority' shall: document below their review of the proposed Action Plan; track each task/ action step until completed; provide validation of completion (see Section IV) within 30 days; and forward copies at the various steps noted in ED-02.92.

a. ☒ Approved (may provide comments); or ☐ Not Approved (must provide comments).

b. Comments:

d.

Reviewing Authority (Print Name / Title)

(Signature/Date)

## IV. VALIDATION OF COMPLETION

a. This is to validate that the foregoing Action Plan was satisfactorily completed, and the finding corrected, as of (date):

b.

Reviewing Authority (Print Name / Title)

(Signature/Date)